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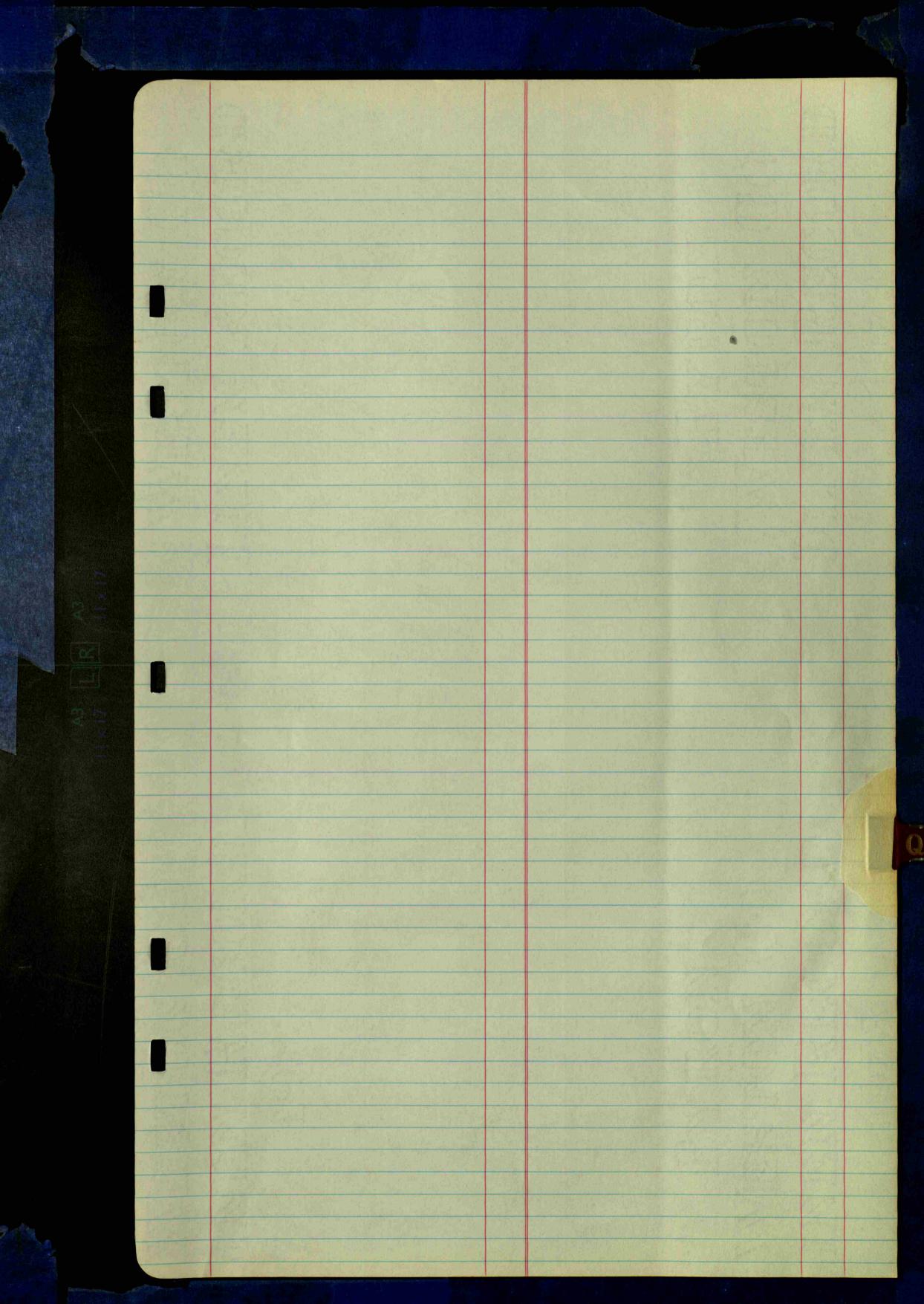
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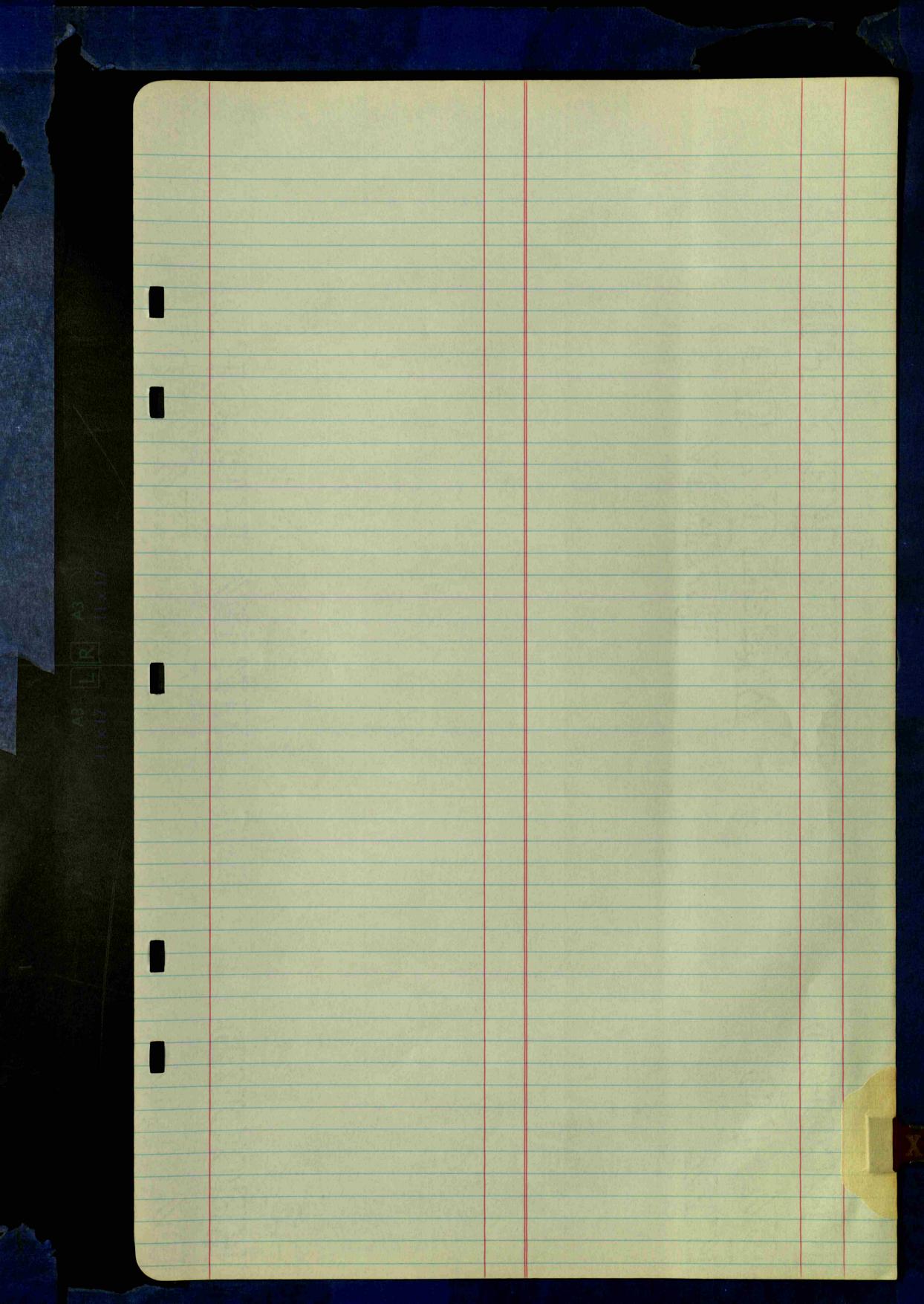
Amelair, Farry W. Skebba, Brian T. 202 Shook, Linda Kay Strube, Unnitte J. 2/3 Shearer, John Taylor 215 Sidener, Donna K. Smith, Phillip a Settles, Ruby a. 219 Schulty, Debra Marie Sensor, Kelli S 219 Dott, Keuben Sheets David Brian 220 Simmons, Mindy Clane Shalley, nelinda m. 224 Spolimaker Honald Saler, Martha Jone 228 Smoot Trasklin Wade Shearer, John 29 231 apringness, Campaintel 240 Schoen, Kest D. Shapperd, Soundas Storm 247 esterned, aropula PPE Selkwood, Larry Here Sternen Richard & Donglass & Schrein, Michael J. 241 Stout, David Edward 252 Stevens Kitherie d. Scott, James E. 228 Steinmetz, Michelle Mr. Series, arthur a. 260 Shoot, Raymond & M count, Atime 262 Malgall, refinate Saldano, James PUC Spence, Tendy M. a Stock, Spert S. 282 Sugimoto, Keith K. 66 Smith, Stacey Elaine 283 Schenie Physic M Alward, Gade Valinda Stanley Kesty Lee 293 77 Scott, Michael Clark 301 Dunale, Stance 83 Stinnett, Claudia Go 301 Sheeks Marica Marie 87 Schlacket, Mary Christial 304 91 Skinner, Dorothy Keith 305 I Chreider, Jennefor K Hark, Grego Chaley 94 Smith Phike allen 314 Sinclair Bret a. Seneff Jacalya Hambler 96 Sutherland, Christina J. 319 100 Staenes, Randau Keith 322 103 Smith, gr., Charles Q. 324 Strakl, Larry Dewayne 109 Strup Rager Lee 330 107 Singleton, Jone Marie Strakl, alice Maxial 338 344 112 Sperry Kimberly Kay . of notes , skind Stafford, Johnson & Solyns, Grilys R. 114 Staton, Meredith Hoyd 348 127 Smith, Thomas Thickal 360 130 Stafford, David allen 361 Swanson, Mike L. Stojkovich, Sergio Stephen 382 Snow, Becky a. Sheehan, Cherry Sygnn 362 Smith, Christina Marie Stephens, William Grahame 363 368 Schwartz, Deather C. Sharper, Ennie L. Stillam, Gleana D. Scolaro, Thichael anthony 373 Samuels, Carol Smith, Melissa 378 princetted, beffore Smith, Pavil a. 384 175' Scearce, Bresdes. Stout, Vivian Loretta 386 Stidlam, Debra 7. Stabl, Thank anthony 387 Sullivan, Lori &. Scidmare Llayd Fred 390 Slevin any Louise Stapert, Panela Sue Scott, Joyce Lynn 395 Cathy Jo Schutte 402 Stettler, Gary Porman Samuela, Robert R 409 (aver)

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Jurner, arapla D 20 Tresner, Monica 55 . Jodd, boal. 61 PF Sout, Steven M. Dampson, Jennya. L. 83 Copy enoil, transacl do E trestot, Plenade 91 Thorpe, Muhelle of. 111 Silly Jeffrey Eric Lames, Games &. 706 . O country V, remark 726 E canita, yearsh 166 . a wisty of apiles? 200 Virisler, Sandra Lynn 289 Townerd, James Warren 290 Toda, John Henry 310 Taylor, Deansa June 331 397 a sudgetied , rapidle Thomas, Samantha Pauline 404 Tolson, Charles M. 804 Thompson, Elisa Rae 420 Isabiros, Thank alan 423 448 Thompson agela Carron 461 Thurnall, Sarry S 496 Thomas, Jack Lamlin, David a. 502 Frump, Patricia a. 503 Demphe, Probert W. 528 Taetoch, Epslie ann 535 Lanfor, Stephanie a 538 Late, Tunthia Suganne Lu Dor, Steven Boss 560 580 Somblin, Joney J. 585 Thomall, Barbara Mal 587 595 Upton, Gennier &.
Umphrey, Susan E.
Underwood, Ded Q.
Ulmer, Michael 

Vanzandt, Vicki Jo Vescovi, angele & Van Mess, Catherine Kay
Vanaphan, Brian Westley
Vickers, Robert anthony
Vickers, Robert Anthony
Voils, John Baul
Vermillion, Janice anita
Uciers, Robert Klorga Van Hook, Melanie S. 

300 Wand, Koland & Wyott, Corla S. 12 306 Whicker, Timothy a. Nolson, Crain Real 15 Walters, Betay an Wallace, Welvin Lee 23 3/3 Walters, Chris Corrad 328 Wade, Fina C. Walton, Kristina Jouise 342 holden, Juny for 365 Ward, Serry Lee Warshawskex, Vamela t. 415 Wilson, Michael S Whisman, Marsha lenn 375 Wilcox, Douglas allen Walter, Kristere Lynn Winble, Sherry ann 380 Williamson Shirley Deresa 381 Wagner, Julie of. Walter, Bream Lee 389 Wiber, Janelle Faye Wooden, David W. 391 a made of , alle to Wells, Mark Mourice 86 394 Wheeler, Sheeles a Winningham , Long Lee 415 Willis, Janet Dougle C.M Loud , Cooled M. ) 429 Winchester, David S. Sundan, topinal Wright, July of. 432 Cathana, marmille Western, Randy David 444 Woolard, Wayne Eugene 461 Wilson, Jackie Lyn Woodard Sherne Zigen Wallace, Golby Mr. Westfall, Kelle Lynn 491 473 Wise, Michael W. Woods, David a. 132 Wright, Syobert allen 475 Thitaker, I pliess tay 134 Walls, Dianna S. 500 Cristany, Compalle of 35 Wallace, Jeffrey a. Winters, Theyour amce 504 135 Wilkite, Wom Wesley 514 Winters, Debra Del 136 Wildman, Dewayae tlaya Wilson Betty Jo 518 523 Williams Kenneth James Walls, Warfare June 240 Weidner, Kelly J. 144 I adop, Cash C Wood, Line of 2110 Wernecke, Christopher Thomas 160 542 Wacker, Kobert Lee Wallace, Mychael Watto, Thomas a 544 Welley Donald a. Wagley, Jodi &. 551 Whitlow, Kichard alan Worth, Kristini Unn 556 Wood, april D Ward, Swan Ozenee 567 Deakley, Kelli K 576 185 Wells, Scatt Michael Waterman, Dert Edward Jr Wampler, Laura Fr. Celerren, Gord Jr 585 of select, they're Wroten, Fora J. 589 Wagner, Brun Scott Waltz, Pobert D. 600 Waltz, Stella Mr. 200 . I whop gratted I 797 232 Wenger, Lloyd 756 White, apry of. 254 Wilson, God H a blessy, commended. 255 Weilhamer, Deorge Th. 260 263 Williams, Spurence B. 263 Wilson, Janice E. 297 Wilson, anthony Clayere 298 Whitahu, Darvey J. Watson, Grandy &. 300



Young, Kurt alan Young, Julia K Young Jennifer a. Young, Randall Spe Young, Randon B. 

Zaborwsky, Brian Q.
Zener, Butha Sue
Zieofer, Jr., Doward J. 

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🖾 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated/2circuit court when the person applies for a marriage license under Name of Physician Warles Trippe IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marriage Death Date of birth verified by: Birth Certificate Other (Specify) No Yes No D Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes No 🗆 Yes 🗌 No Yes | Yes 🗌 No Yes Yes 🔲 (a) Full name of applicant's father ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Direleur Date 12-11-90 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_\_\_ Clerk of Court \_\_\_\_ HENDRICKS ICHFIELD HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, 12-11-90 authorizing the marriage of \_ BEVERLY ANN PICKEREL I further certify that the following marriage certificate was filed in my office:

(name) certify that on 12-16-90 I, \_\_\_STEPHEN J. MALOSKY (name), certify that on \_

County, Indiana,

County, Indiana, dated \_

HENDRICKS

(official designation)

\_(state), and

(state) were married by me as authorized

Clerk Circuit Court

IN

IN

HENDRICKS

PRIEST

12-18-90

County

County.

(date), at\_

DANVILLE

HENDRICKS

HENDRICKS

of\_

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ STEPHEN J. MALOSKY

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

LARRY W. SINCLAIR

BEVERLY ANN PICKEREL

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

LIENT	DRICKS County File
HEND	County File 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 Applicant 50 No 🗆 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician Nucle Frohl
MALE APPLICANT	FEMALE APPLICANT
Name John First Middle Ronte MI	Name First Middle Last
Date of Birth Month Day Year March 17 1957	Date of Birth Date of Birth Date of Birth Pour tt
Place of Birth (State or foreign country)  New York Catha New York	Place of Birth (State or foreign country)  Production
esidence Address Street of R.R. City County State	Residence Address Street or R.R. City County State
evious Marital Status: Never Married OR No. of Previous Marriages	8655€ 1416 Cle St Nubblevello Hamilton IV.  Previous Marital Status: Never Married □ OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	
atte of birth verified by: Birth Certificate Other (Specify)	
	Date of birth verified by: Birth Certificate Other (Specify)
Mike	Dr Lec.
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?      No Yes      If answer is "yes," has the adjudication been removed?      No Yes
Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the male applicant closer than second cousin?  No Yes
Are you now under the influence of an alcoholic beverage?  No Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent children.
(a) Full name of applicant's father John Richard, Honter In.	6. (a) Full name of applicant's father Samuel Lie Sourlance
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father School one Sour lane (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Proof
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Bettles L. Chuberko	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  Pleanne Manu S
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) ————————————————————————————————————
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).  Granture of Applicant  Date 12-11-90  Dee above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 12/11/90  The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Prk of Court Date	Clerk of Court Date
tate of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
ounty of HENDRICKS ss: in this application is true and correct.  Signed John R. Konter III	County of HENDRICKS ss: in this application is true and correct.  Signed Aleberah Sur Rutt
New Address 132 North 475 East Danville	New Address 132 North 475 East, Danville
bscribed and sworn to before me this day of dev of 19 90	Subscribed and sworn to before me this// day of
Circuit Court Court	Connuit According to the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
and shift paint differently	state facts which make the consent of the other parent unnecessary
e of Indiana ) sphered HENDRICKS ss:	State of Indiana )  HENDRICKS ss:
	County of ID # ID #
ID #	D#
	MotherID #
er ID # cribed and sworn to before me this day of, 19	
ID #	Mother ID #
cribed and sworn to before me this day of, 19Clerk  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Mother ID # Subscribed and sworn to before me this day of19 Clerk  A marriage license having been refused to the above named parties, the
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Mother
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County  , authorize	Mother
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Mother
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County, authorize  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	Mother
Clerk  DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Mother
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Mother

\_ (official designation)

HENDRICKS

\_ Clerk

\_Circuit Court

\_\_\_ (date).

Signed \_\_\_\_\_

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

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
Name B First Q Middle & 7 Yest	Name S. First Middle AL Last A
Date of Birth Month Day Year //	Date of Birth Month / Pay // Year // 8
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
malinipalis In.	Indianapales, In
Residence Address William Dr. British State State	Residence Address Street or R.R. Street or R.R. Street or R.R. Street or R.R. Brannshurg Jn.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	P P.
Date of birth verified by: Birth Certificate Other (Specify) Druger's Lee.	Date of birth verified by: Birth Certificate Sother (Specify) What de.
1. Are you now or have you ever been adjudged to be of unsound mind?  No ✓ Yes ☐  If answer is "ves." has the adjudication been removed?  No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  If answer is "yes," has the adjudication been removed?  No Yes
If answer is "yes," has the adjudication been removed?  No Yes   Y	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.  Alole 7 Janie 12 yrs.	5. List the full names of any dependent children.  Angle Michmeter - 19 yea
	Christian Miskyneier - 16 pm.
6. (a) Full name of applicant's father La Derne 73. Haines	6. (a) Full name of applicant's father Technel 10, Wills
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).  Residence of father (if deceased so state) Cleremont. Jn.
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Reva D. Marrical	(b) Full maiden name of applicant's mother Mary L. Wheat
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Bittiplace of motiles (state or foleign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Brasiley M. James Date 12/12/91	Signature of Applicant Tunda & Shook Date 12/12/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
State of Indiana  I swear/affirm that the information given  ss:  in this application is true and correct.	State of Indiana ) I swear/affirm that the information gives Ss: in,this application is true and correct
Signed Badley M. Daines	Signed Tinda K. Check
New Address	New Address 207 William He Diction  Subscribed and sworn to before me this 2 that day of Dec. 19 98
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )  HENDRICKS ss:
County of HENDRICKS	County or
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of and, authorizing the marriage of	BRADLEY MARK HAINES  I further certify that the following marriage certificate was filed in my office
I, J. V. BOLES	(name), certify that on12-31-90
(date), atDANVILLE	in HENDRICKS County, Indiana,
	County IN (state), and
LINDA KAY SHOOK of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	
	, CIRCUIT JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 695		
	County File 12-13-90 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 Applicant 50 No V Yes  If No, Medical Examination or Report Dated  Name of Physician   The phenometric Heavy		
MALE APPLICANT	FEMALE APPLICANT		
Name Harala First Middle Autopean	Name Donna K. Middle Last		
Date of Birth Month Day Year 1952	Date of Birth Month Day Year 20 1952		
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)		
Residence Address Bushanan Hamfield State	Residence Address Street or R.R. City County State		
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages		
Last Marriage Ended By: Death Divorce Annulment Date 10-2-89	Last Marriage Ended By: Death Divorce Annulment Date 4-96		
Date of birth verified by: Birth Certificate Dorffer (Specify) Dh. History	Date of birth verified by:   Birth Certificate   Dorffer (Specify)   Druis Jessel		
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗆	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗆		
If answer is "yes," has the adjudication been removed?  No □ Yes □  No □ Yes □  Are you related to the female applicant closer than second cousin?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes		
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No Yes		
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full pames of any dependent children. Mawn Sudeners  6. No Yes   7. Yes   7. Yes   7. Yes   7. No 1. Y		
5. List the full names of any dependent children.	5. List the full pames of any dependent children. Maurice Manner, About Menter		
6. (a) Full name of applicant's father Attroff Hetchers	6. (a) Full name of applicant's father wisk Mays		
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)		
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)		
(b) Full maiden name of applicant's mother Italy Henry	(b) Full maiden name of applicant's mother I forthe houghest		
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)		
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)		
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above		
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date		
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given		
County of HENDRICKS ss:  Signed Signe	County of HENDRICKS SS: inthis application is true and correct.  Signed Super		
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of		
Comme True Clerk of the HENDRICKS Circuit Court	Connic Organic Sterk 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 ) ss:	State of Indiana ) ss:		
County of HENDRICKS	County of HENDRICKS ss:		
Father ID # Mother ID #	Father ID #  Mother ID #		
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19		
	A marriage license having been refused to the above named parties, the		
County	Court, by written order issued		
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.		
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,		
dated, authorizing the marriage of	HAROLD W. HUTCHENS  I further certify that the following marriage certificate was filed in my office:		
I, JAMES A. HENRY	(name), certify that on 12-27-90		
(date), atINDIANAPOLIS	in MARION County, Indiana,		
	County IN (state), and unty IN (state) were married by me as authorized		
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-27-90		
Signed by:/s/ JAMES A. HENRY Filed and recorded in accordance with the laws of the State of Indiana on	,		

\_Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** IC 31-7-9-1. Furnishing false information upon applying for license. Yes 🔀 Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** No Yes Yes 🗌 No 🗆 / Yes 🗆 No 🗌 / Yes 🗆 No Yes No No Yes /Yes 🗆 No Yes Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above State of Indiana State of Indiana day of Dec Connie down HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS \_ County, Indiana, RICHARD EUGENE NOLL 12-13-90 authorizing the marriage of \_ BARBARA JEAN MONEY . I further certify that the following marriage certificate was filed in my office:

\_\_\_\_\_ (name), certify that on \_\_\_\_\_ 12-22-90 THOMAS W. RAKOEZY (name), certify that on \_\_ (date), at LAKEVIEW CHRISTIAN CENTER MARTON

County, Indiana,

\_(state), and

County, Indiana, dated \_\_\_

(date).

HENDRICKS

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

IN

12-26-90

, PASTOR

County \_

County

RICHARD EUGENE MOLL

Signed by: /s/ THOMAS W. RAKOEZY

BARBARA JEAN MONEY

of HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

697

File 12-13/90

Mooth	Piece of Birth   State or foreign country    Previous Marriages   Prev
Mooting About 1 American State of Bern (State or Indigeneer of Interference of	Date of Birth (State or foreigh country)  Place of Birth (State or foreigh country)  Residence Address  Spleet or R.R.  City Country  Provious Marrial Status: New Married OR No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annuiment Date  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  5. List the full names of any dependent children.  6. (a) Full name of applicant's father (if deceased, so state)  Birthplace of father (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Residence of mother (State or foreign country)  ACKNOWLEDGMENT  1 acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant As objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date  I swear/affirm that the information given in this application is true and correct.
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assertions Address   Susee of R.	Residence Address   Sylect or R.R.   Carriery   State   Country   State   Country   State   Country   State   Country   State   Country   State   Country
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as Marriage Ended By: Death Divorce Annument Date  are of birth verified by:   Birth Certificate   Cither (Specify)    M. J.   Are you now or have you ever been adjudged to be of unsound mind?   No   Yes    H answer is "yes," has the adjudication been removed?   No   Yes    Are you rolated to the fernale 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 an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    (if adopted, list adoptive parents only)    Residence of father (if deceased, so state)   Bruduaru    (if adopted, list adoptive parents only)    Residence of father (if deceased, so state)   Bruduaru    ACKNOWLEDGMENT    acknowledge that 1 have received information regarding dangerous communicable diseases had are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syngrome)    ACKNOWLEDGMENT    acknowledge that 1 have received information regarding dangerous communicable diseases had are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syngrome)    ACKNOWLEDGMENT    acknowledge that 1 have received information regarding danger	Date of birth verified by:
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New Address 1990 . New Danville. We subscribed and swgrn to before me this day of HENDRICKS . 19 To day of HENDRICKS . Circuit Court . 19 To day of HENDRICKS . Circuit Court . 19 To day of HENDRICKS . 10 this applicant, hereby give consent for this marriage. If only one parent signs, date facts which make the consent of the other parent unnecessary . 10 the day of HENDRICKS . 10 the day of . 19 To day o	County of HENDRICKS ss: in this application is true and correct.
Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	New Address 7787 W Mary Davidle Subscribed and sworn to before me this 3 day of Abec, 19 90  Connection of the HENDRICKS Circuit Court
State facts which make the consent of the other parent unnecessary    State of Indiana	CONSENT OF PARENTS, PARENT, OR GUARDIAN
County of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Father ID #  Mother ID #  Subscribed and sworn to before me this day of, 19	State of Indiana )
Another ID # Subscribed and sworn to before me this day of, 19	County of HENDRICKS ss:
Subscribed and sworn to before me thisday of, 19	Father ID #
	Mother ID # Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorizes	
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clerk lated, authorizing the marriage of	of the Circuit Court of HENDRICKS County, Indiana,
and	. I further certify that the following marriage certificate was filed in my office:
	(name), certify that on
(date), at	County, Indiana,
of Coun	ty (state) were 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	

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 12-14-90
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.

			diam'r	
Female	Applicant 50 N	0 🗆	Yes	
If No,	Medical Examination	or Report	Dated	
Name	of Physician L.	. Sta	Mad	
			111	Name and Address of the Owner, where the Party of the Owner, where the Party of the Owner, where the Party of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, which is the Owner, which is the Owner, where the Owner, which is the Owner, whic

MALE APPLICANT	FEMALE APPLICANT
Name First R Middle A Last	Name Turesa Lunn Barnes
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)
Blewoods Olyppia  Residence Address Street, or R.R.V. City County State	Residence Address Street or R.R. City County State
yo Got W Wash. Dr. Jusplan Head. Cu.	10606 W. Whitenton St Judgle Hendrick
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Wr. Livi	Date of birth verified by: Birth Certificate Query (Specify)
Sale of offit refined by. Continued Control (Specify)	Same of outst resiment of. Plants Continuente Proposition (Openity) Del. Plan.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No The Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑, Yes □	2. Are you related to the male applicant closer than second cousin? No X Yes
3. Are you now under the influence of an alcoholic beverage?  No ☑ Yes ☐  4. Are you now under the influence of a narcotic drug? // No ☑ Yes ☐/	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No N Yes N Ye
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Rupp Mikell adams	4. Are you now under the influence of a narcotic drug?  No Yes   Source  Source  No Yes   Yes   Source  Source
	Ayan Mikell adaha
2001	0:2:0
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father dends any Enul Brief
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mothe Charlett athers	(b) Full maiden name of applicant's mother Linda dow Branker
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).  Signature of Applicant  Liney R Ludany  Date	Signature of Applicant Sure San Bornes Date 12/14/
Signature of Applicant	Signature of Applicant Date 12/19/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Levy & Ledany	Signed X Duresad. Darnes
New Address Subscribed and swogn to before me this 17 day of New 19	New Address Same as a boxe Subscribed and sworn to before me this H day of hose. 19 90
onnie Rauson Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
	Additional Vision of the Control of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Sale as when make the conson of the circle patent simplessary
State of Indiana ) ss:	State of Indiana ) SS:
County of HENDRICKS	County of MENDICKS
Father ID # Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday 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, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of	TERRY RONALD ADAMS
andTURESA L. BARNES	I further certify that the following marriage certificate was filed in my office:
I, WESLEY JAY FORD (date), at PLAINFIELD	(name), certify that on12-22-90
TERRY RONALD ADAMS of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
TURESA LYNN BARNES of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-22-90
Signed by: /s/ WESLEY JAY FORD	,
Filed and recorded in accordance with the laws of the State of Indiana on	12-26-90 (date).
	Simul Ima & Some
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>699</u>
HEND	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes 14  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Kith Devon Cooper	Name Ruby Arminta Settles  Date of Birth  Date of Birth  Date of Birth
Date of Birth Day Year	7 28 38
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State  Street or R.R. City County State  Street or R.R. City County State	Residence Address Street or R.R. City Science State  US 40 POPSox 1616 Still Built Sud
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 83?	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind?     No   ✓ Yes  ✓
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No   ✓ Yes   3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No Ves	4. Are you now under the influence of a narcotic drug? No S Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Druce V. Cooper	6. (a) Full name of applicant's father Stark Austin Biggs
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Stillagible  The state of the control o	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Washa allee hordward	(b) Full maiden name of applicant's mother Many May 1 feel
(If adopted, list adoptive parents only).  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 14-90	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 12-14-5
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana  I swear/affirm that the information given  State of Indiana  I swear/affirm that the information given  in this application in two and approximately applications in the applications in two and approximately applications in the application	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.  Signed Sig	County of HENDRICKS in this application is true and correct.  Signed Rule Rule Rule Rule Rule Rule Rule Rule
New Address	New Address
Subscribed and sworp to before me this day of	Subscribed and sworn to before me this
Simulation Country	Clerk of the MENDICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day 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
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	KEITH D. COOPER
	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on12-16-90
(date), atSTILESVILLE	_ in HENDRICKS County, Indiana,
	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
Signed by: /s/ DONALD S. SMOTHERS	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-20-90 (date).

\_\_\_\_ Clerk \_Circuit Court

DANTEL J. CLARK

ALLYSON L. ARVIN

Signed by: /s/ JAMES W. HARTLEY

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County 12-17.90 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D Yes 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ elle Costani IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Last Marriage Ended By: Annulment No Yes No M Yes 🔲 No 🗆 Yes 🗌 No 🗆 Yes 🗌 No 🔯 Yes 🗌 No 🔯 Yes 🗌 No 🗹 Yes 🔲 No 🗵 Yes 🗌 No 🔯 Yes 🗌 Yes 🗌 **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases Date (2/17/90 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana I swear/affirm that the information given IOWALIN IA day of DEC Dec , 19 90 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County\_ Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, DANTEL JOHN CLARK , authorizing the marriage of \_ ALLYSON L. ARVIN . I further certify that the following marriage certificate was filed in my office: I, JAMES W. HARTLEY 12-22-90 \_ (name), certify that on \_\_\_ (date), at INDIANAPOLIS

MARTON

County \_

, MINISTER

12-27-90

County

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

County, Indiana,

\_(state), and \_

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

(date).

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
231-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the rcuit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No X Yes 12-13-90 If No, Medical Examination or Report Dated 12-13-90 Name of Physician Wm Khwards M. B.
MALE APPLICANT	FEMALE APPLICANT
e of Birth (State or treeign country)  Day 3  Last he sylvan 43  Day 3  Veal 43  State or treeign country)  State or State or R.R. Sity Country  State or St	Name  Date of Birth  Date of Birth  Month  Day  Place of Birth (State or foreign county)  Residence Address  Street or R.B.  City A County  State
2828 CCV TEAL Plaufield Sn. ious Marital Status: Never Married □ OR No. of Previous Marriages □	2535 Beechcust 27. June 25.  Previous Marital Status: Never Married OR No. of Previous Marriages 3
t Marriage Ended By: Death Divorce Annulment Date 8-85  e of birth verified by: Birth Certificate Definer (Specify) Drugue's Lie	Last Marriage Ended By:  Death Divorce Annulment Date 11-90  Date of birth verified by: Birth Certificate Other (Specify) Drunius Lice
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(a) Full name of applicant's father Rechard Joseph Hughe (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  (If adopted, list adoptive parents only)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).  August 12/12/90  gnature of Applicant	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 12/17/50
he above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.  erk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
see of Indiana  Punty of HENDRICKS  Signed Rubard J. Arryla in this application is true and correct.  New Address  Discribed and sworn to before me this 17 4 day of HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed New Address 2828 Huon part of the HENDRICKS  Subscribed and sworn to before me this 17 day of HENDRICKS  Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN  e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
ate of Indiana ) sunty of HENDRICKS ) ther ID # other ID #	State of Indiana   )
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
OMPLETE 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
nd filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Clated 12-17-90, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
date), atDANVILLE	_ in HENDRICKS County, Indiana,
RICHARD J. HUGHES JR. of HENDRICKS  DEBRA MARIE SCHULTZ of HENDRICKS Conder a marriage license that was issued by the Clerk of the Circuit Court of ligned by: /s/ A. W. FARNSWORTH IV	ounty IN (state) were married by me as authorized
Filed and recorded in accordance with the laws of the State of Indiana on	Signed

Signed by: \_\_

BOYCE FORMS + SYSTEMS 1-800-362-8702 1477

Ezra Witt

Filed and recorded in accordance with the laws of the State of Indiana on 1-14-91

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 702
HEND	DRICKS County File
	13-17-90 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 Applicant 50 No 2 Yes  If No, Medical Examination or Report Dated 13-10-90 Name of Physician 20.8
MALE APPLICANT	FEMALE APPLICANT
Name Chester (Middle Last Leaton)	Name Elizabeth Coxo Freville
Date of Birth Month Day Year Vear 3 1921	Date of Birth November 34 1942.
Place of Birth (State or foreign country) Bruen, Opio Wood Courte	Place of Birth (State or foreign country)  Louisville Kertucken Jesserson Co.
Residence Address 95.5 M. Skilok Rd Skaplan	Residence Address Street or R.R. Scity/ County State 46205
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druveran icense	Date of birth verified by: Birth Certificate Other (Specify) Lewers Lecense
Are you now or have you ever been adjudged to be of unsound mind?  No  Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?  No Ves   Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
No	No
6. (a) Full name of applicant's father Chester John Huston	6. (a) Full name of applicant's father Walter R. Foushee
(If adupted, list adontive narents only)  Residence of fat, in introduced so state)  AUC.	(If adopted, list adoptive parents only).  Residence of father (if deceased, so state). Kentuckey.
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Residence of father (State or foreign country)
(b) Full maiden name of applicant's mother addie Lovel Braham	(b) Full maiden name of applicant's mother Lona Theresee Schoenkack
(If adopted, list adoptive forents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Bis mace of mother (State or foreign country)  Personal variation	Birthplace of mother (If deceased, so state)  Birthplace of mother (State or foreign country)  **Residence of mother (State or foreign country)
Surface of motion (class of foreign country)	Britiplace of motile (State of Ioleign country) / Caracay
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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. Mustery. Justion.  Date 12/17/80	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Claubett a Frevelle Date 12/11/50
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed & Mester J. Theston New Address & 955 No. Spilah Rd.	Signed & Elizabeth a. Freuelle New Address & 955 No. Shiloh Rd
Subscribed and sworn to before me this 170 day of Allcentes 90	New Address & 955 No. Shilok Kd. Subscribed and sworn to before me this 17th day of Lie., 19 90
Connie Lauson Clerk of the HENDRICKS Circuit Court	Connect access Clerk of the HENDRICKS Circuit Court
CONCENT OF PARENTS PARENT OR CHAPPIAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID # Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-17-90 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
(date), atIndianapolis	in Marion County, Indiana, Chester
	County Indiana (state), and Elizabeth
under a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 12-17-90
Signed by:	

, Ordained Minister (official designation)

(date).

Clerk

\_Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗹 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Z/ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes Yes 🗆 Yes 🗌 No 🔲 Yes 🗆 Are you now under the influence of an alcoholic beverage? No D Are you now under the influence of a narcotic drug? Yes 🔲 Birthplace of mother (State or foreign country)\_ **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court \_ HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued. and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 12-17-90 \_, authorizing the marriage of \_\_ ROLAND I. WAND . I further certify that the following marriage certificate was filed in my office: YOLANDA M. DICKINSON (name), certify that on \_ MARION (date), at \_\_INDIANAPOLIS \_ County, Indiana, ROLAND L. WAND County HENDRICKS YOLANDA M. DICKINSON County\_ \_ of\_ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 12-26.90 Signed by: /s/ MYRON BARNARD JUDGE (official designation) Filed and recorded in accordance with the laws of the State of Indiana on\_ 12-28-90

HENDRICKS

Circuit Court

IC 31-7-3 commits a Class D felony.

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Land B. Haggard circuit court when the person applies for a marriage license under MALE APPLICANT **FEMALE APPLICANT** 21 Date Date of birth verified by: Birth Certificate Other (Specify)

Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗆 Yes 🗌 No 🗌 Yes 🗌 No 🗆 Yes 🔲 No D Yes 🗌 Yes 🔲 No No Yes Yes 🔲 No Yes 🗌 Yes 🗌 Birthplace of mother (State or foreign country)\_ ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above State of Indiana HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in\_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_\_\_\_, authorizing the marriage of \_\_\_\_\_\_ Timothy Ray Timothy Ray Cavender , authorizing the marriage of \_ and Daphne Joann Pence Jack L. McIntosh Brownsburg Timothy Ray (date), at \_ in Hendricks County, Indiana,\_ Cavender Daphne Joann Hendricks Indiana County (state), and \_ Pence Hendricks Indiana County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated \_

Jack L. McIntosh (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 1-7-91 (date). Connie Lawson Signed .

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR I	MARRIAGE LICENSE
HEND	DICUC
	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes  If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician See M. Yaxx W. M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Prist Pan Henney	Name Tioki First De Middle Last
Date of Birth Worth 37 Day 1958	Date of Birth On Line Month State of Mariana Walton Ca
Place of Birth (State or foreign codnity)  **Residence Address**  **Place of Birth (State or foreign codnity)  **Place of Birth (State or R.H. Octy  **County (State or R.H. Octy)  **Coun	Place of Birth (State or foreign country)  3305 M. Rakewood Rane Intelligence Address  Street or P.R. City  County,  State
1806 Jurara Mess, 46224	Sern 6-12-67
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Larvers Jecuse	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗖 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes  Yes  Yes  Yes  Yes  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.	List the full names of any dependent children.
- No	- No
6. (a) Full name of applicant's father Charles Educard Nempsey	6. (a) Full name of applicant's father Moyd George Vanzandt
6. (a) Full name of applicant's father (that is adopted, list adoptive parents only)	
Residence of father (if deceased, so state) Alclased	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Arkarsan	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother blown far Jursford	(b) Full maiden name of applicant's mother Works Evelyn Dutler
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
CONTRACTOR OF THE CONTRACTOR O	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Applicant Date 19/90	Signature of Applicant Wicki go Vanzandt Date X12-19-90
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  ) I swear/affirm that the information given  SS:  is this application in two and account.	State of Indiana ) I swear/affirm that the information given ss:
County of HENDRICKS in this application is true and correct.  Signed X A Francisco County of the Cou	County of HENDRICAS in this application is true and correct.  Signed K Vicki Go Vanzandt
New Address	New Address X Same
Subscribed and sworn to before me this 19th day of Alec. 19 90	Subscribed and sworn to before me this 19th day of 100. 19 90
Clerk of the HENDRICKS Circuit Court	CONNUC AURODOLERK of theHENDRICKSCircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Ctate of Indiana	
State of Indiana ) County ofHENDRICKS	State of Indiana ) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-19-90, authorizing the marriage of	
	. I further certify that the following marriage certificate was filed in my office:
I, Donald E. Richards (date), at Indianapolis	(name), certify that on12-29-90 in Marion County, Indiana, Jeffrey
	County Indiana (state), and Vicki
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: Donald E. Richards	,

\_\_\_ (date).

\_\_\_\_ Clerk \_Circuit Court

Filed and recorded in accordance with the laws of the State of Indiana on 1-11-91

IC 31-7-3 commits a Class D felony.

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated 12-17-90 A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician \_\_ HOOREN **FEMALE APPLICANT** MALE APPLICANT Date of birth verified by: Birth Certificate Other (Specify) No ☑ Yes ☐ No M Yes 🗌 No 🗆 / Yes 🗌 Yes 🗌 No 🗌 No Yes 🗌 No 19 Yes 🗌 No Yes 🗌 No 🗹 Yes 🗌 No Yes No 🗹 Yes 🗌 Joseph Schollgert Freemont, Ca ign country) Beaver Falls, ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court

HENDRICKS

Circuit Court

ACKNOWLEDGMENT information regarding dangerous communicable diseases N.W The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana State of Indiana HENDRICKS day of All 19 (Ionnul Jawson Clerk of the HENDRICKS HENDRICKS Cance Jawan clerk of the CONSENT OF PARENTS, PARENT, 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 parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 12-20-90, authorizing the marriage of CRAIG NEAL WILSO HENDRICKS . County, Indiana, CRATG NEAL WILSON , authorizing the marriage of \_ JULIE CHRISTINE ROSE I further certify that the following marriage certificate was filed in my office:

(name), certify that on 12-29-90 (name), certify that on HENDRICKS ANN DAVIDSON (date), at FAIRFIELD FRIENDS County, Indiana, CRAIG NEAL WILSON IN HENDRICKS \_(state), and \_ County JULIE CHRISTINE ROSE HENDRICKS IN (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 12-31-90 MINISTER Signed by: /s/ ANN DAVIDSON (official designation) 1-3-91 Filed and recorded in accordance with the laws of the State of Indiana on. Lauson Clerk

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

707

IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name John First Semeon Middle Bathurat	Name Maryanne Middle Jundin
Date of Birth aug Month 21 Day 1966	Date of Birth Lib. Month 18 Day 1969
Place of Birth (State or hypeign country) Pinnaulmania	Place of Birth (State or foreign country)
Residence Address / 1 Par Bystreet of A.R. Of Agof City and County and Style County	Residence Address / March wife A. R. H. City Condon Hundred States Co
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
San Committee Marie Marie	Shive w piccoux
Are you now or have you ever been adjudged to be of unsound mind?     No     Yes □	Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  No   Yes   4. Are you now under the influence of a narcotic drug?  No   Yes □	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert & Brithurst	6. (a) Full name of applicant's father William Carl Kinder
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother with a Rose Brown	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother full country for the following for the following forms and the following forms for the following for the following for the following forms for the following for the following for the following forms for the following for the following forms for the following for the following for the following forms for the following for
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother full adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) ————————————————————————————————————
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).  Signature of Applicant Outh Status Date 12-20-90	X Signature of Applicant Mausanse Ferrolle Date 12 20 9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana ) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
X Signed Chelin S Boethard	Y Signed Maryanne Jednes
New Address Same	New Address Salme
Subscribed and sworn to before me this	Subscribed and, sworn to before me this day of
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of	JOHN SIMEON BATHURST
and MARYANNE LINDER WILLIAM P. HENDRICKS	I further certify that the following marriage certificate was filed in my office:
(date), at WASHINGTO TOWNSHIP	HENDRICKS OF
JOHN S. BATHURST of HENDRICKS	County Indinaa (state) and
	unty INDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: WILLIAM P. HENDRICKS	
Signed by: WILLIAM P. HENDRICKS  Filed and recorded in accordance with the laws of the State of Indiana on	1-9-91 (date). (official designation)
The land of the blate of manda on	
	Signed /s/ Connie Lawson Clerk
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Circuit Court

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

## APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 12-20-90
Date of Application

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 12-17-90 Name of Physician Deplem C. Therefore Do.
MALE APPLICANT	FEMALE APPLICANT
Name of A First Middle of Last-	Name Pirst & Middle 1
Date of Birth Month, Day Year	Date of Birth Month Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Brittlebara, Vt.	St. Jaseph Mi.
Residence Address Street or R.R. City 7 County State HA	Residence Address Street or R. 326 A P County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Promise Marital Status Name Marries Of No. of Promises Marriages
	The state of the s
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Bligh Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
THE PERSON OF TH	
Are you now or have you ever been adjudged to be of unsound mind?  Nov  Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  No  No  No  No  No  No  No  No  N	Are you now or have you ever been adjudged to be of unsound mind?      No    Yes    No    Yes    No    Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcottic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
2 16 1000	A ,
6. (a) Full name of applicant's father Taul Emaxuel Mille	6. (a) Full name of applicant's father Vallas Felas Harden
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Derny, Ut.	Residence of father (if deceased, so state) Walsenburg.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary Eller Budd	(b) Full maiden name of applicant's mother Phyllix Ungine
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Walsenburg
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ADVANCIAL EDGLICATE	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome?	immune deficiency syndrome).
Signature of Applicant Lat D. Matty Date 12-20-90	Signature of Applicant sangula P. Abudung Date 12-20.
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information gives SS:
in this application is true and correct.	County of this application is true and correct
Signed D. District	Signed sangua P. Apardung
Subscribed and sworn to before me this 20 to day of the 19 50	New Address Subscribed and sworn to before me this 200 day of Olec 19 90
Conne dans Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of ALCKS . 19 Circuit Court
	Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	The state of the s
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	Peter Daryl Miller
and Angela Pauline Harding	I further certify that the following marriage certificate was filed in my office.
I, David W. Slee	(name), certify that on 12-29-90
	in Hendricks County, Indiana, Peter
Of Worchester	County Massachusets (state), and Angela

Pauline Harding 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 12-20-90

Signed by: David W. Slee , Chaplain (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-7-91 (date).

Signed Connie Lawson Clerk

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Signed by: /s/ GEORGE W. CURRY

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Yes Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Donnie IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Annulment Date of birth verified by: Birth Certificate Dother (Specify) DYIVERS LICENSE Date of birth verified by: Birth Certificate Dother (Specify) Drivers License Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🗌 Yes 🗌 Are you related to the female applicant closer than second cousin? Yes 🗌 Yes 🗌 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. 6. (a) Full name of applicant's father Raymond Lester Poling 6. (a) Full name of applicant's father George William Curry of father (if deceased, so state) TODIANA of father (State or foreign country) Rentuck Residence of father (if deceased, so state) New Jersey ace of father (State or foreign country) New Jersel name of applicant's mother Marilyn Arn Reiff e of applicant's mother Tonda Lee Pemberton Residence of mother (if deceased, so state) New Tersey of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country). New Jers& mother (State or foreign country) 10000 **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court \_\_\_ HENDRICKS Cay of December, 19 90 20th day of December 1990 Monnue Kawsobierk of the\_ HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued and filed in\_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, , authorizing the marriage of \_ SCOTT ALLAN POLING CARLA RHEA CURRY . I further certify that the following marriage certificate was filed in my office: GEORGE W. CURRY \_ (name), certify that on \_ 12-29-90 (date), at \_\_\_BROWNSBURG in HENDRICKS \_ County, Indiana, SCOTT ALLAN POLING CAPE MAY NEW JERSEY County \_\_\_ CARLA RHEA CURRY INDIANA (state) were married by me as authorized HENDRICKS County\_ under a marriage license that was issued by the Clerk of the Circuit Court of \_ County, Indiana, dated \_\_\_12-29.90

\_ , \_PASTOR

1-2-91

(official designation)

Circuit Court

HENDRICKS

## APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT

Female Applicant 50 No SA Yes 

If No, Medical Examination or Report Dated

Name of Physician

FEMALE APPLICANT

Date of Birth Month Day Year	Date of Birth Month Pay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
So 5 Crandon Ar. Idept Id.	505 trander of July to
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Bother (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
DIL ON.	
Are you now or have you ever been adjudged to be of unsound mind?  No No Yes	
1. Are you now or have you ever been adjudged to be of unsound mind?  1. No Yes   1. If answer is "yes," has the adjudication been removed?  No Yes   Yes   Yes   Yes   No   Yes   Yes   No   Yes   Ye	1. Are you now or have you ever been adjudged to be of unsound mind?  1. If answer is "yes," has the adjudication been removed?  1. No Yes   1. Yes  1. Yes   1. Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No 🔼 Yes 🗆	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🖾 Yes	4. Are you now under the influence of a narcotic drug? . No 🔯 Yes
5. List the full names of any dependent children. Destrucy Harris	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jacobys Horris	6. (a) Full name of applicant's father Rehard halmy Blugs
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) and fill the state of father (if deceased, so state)
(b) Full maiden name of applicant's mother Man Rosa Me James	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother has been some such
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Plft dud
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immuno deficiency andrews)
Signature of Applicant Sommand Date Vical	Signature of Applicant & Sharon K Russed Date Wec 2
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above engineer has being the state of th
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	And the second state of th
State of Indiana  ) I swear/affirm that the information given  County of HENDRICKS  ss: I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.  Signed & Shar Bradley Harris	County of HENDRICKS ss: in this application is true and correct.  Signed & Shauen K Russell
New Address Same do saltue	New Address
Subscribed and sworn to before me this day of day of 19 (No. 1)	Subscribed and sworn to before me this 20 day of 0cc, 1990
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSTITUTE DATE OF THE PARTY OF	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana ) SS:	State of Indiana )
County of HENDRICKS	County of HENDRICKS ss:
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authorize	es and directs the issuance of a marriage license to the above named parties.
, authoriz	and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl.	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	JOHN B. HARRIS
and SHARON K. RUSSELL I. CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office:
(date), at DANVILLE	in HENDRICKS County Indiana
JOHN B. HADDIS	_ in HENDRICKS
SHARON K. RUSSELL of HENDRICKS Con	unty IN (state) were 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: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-20-90 (date).
	. 1 41:70 50
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 12-20-90
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 Applicant 50 No Separated Name of Physician Separated Square

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Prist Middle Last age	Name Israela Middle Jurier
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-pr.R.R. City County . State	Residence Address Street or B.R. City County State
220 Solidar, Flangeld In	6662 W. 375 M. Bargesvelle In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Naiver Science	Date of birth verified by: Birth Certificate Dother (Specify)
	The state of the s
Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes	Are you now or have you ever been adjudged to be of unsound mind?  Ne  Yes  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.
Mari Da Mare	Was I Down
6. (a) Full name of applicant's father Larry Hele Close  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Sexuel Juraev
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Kertycky	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother faice (Ann Fage	(b) Full maiden name of applicant's mother paar Phiflip N
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
And the second of the second o	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 12-20-90	Signature of Applicant X Maylo Survey Date 12-00-90
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    Swear/affirm that the information given   September 1   Swear/affirm that the information given   September 2   September 2   September 3   September	State of Indiana ) I swear/affirm that the information given
County of	County of HENDRICAS in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworm to before me this day of Light , 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	Constitution of the Consti
County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
lated, authorizing the marriage of	DANTEL GENE CLOSE
and ANGELA DENEE TURNER	I further certify that the following marriage certificate was filed in my office:
(date) at PLAINFIELD	(name), certify that on12-29-90
date), at PLAINFIELD  DANIEL GENE CLOSE of HEDNRICKS	TNI County, Indiana,
9	County IN (state), and nunty IN (state) were 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/ DWIGHT S. BRADFORD	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-2-91 (date).
	Signed Source towards Clerk

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County 12-21-90 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 Applicant 50 No □ Yes □	
If No, Medical Examination or Report Dated	
	THE RESERVE
Name of Physician Or Akak	ALC: NO.

MALE APPLICANT	FEMALE APPLICANT
Name & First. Middlig L. Mast	Name
Date of Birth Mooth Day Year	Date of Birth Month Day Year
7 20 60	Place of Birth (State or foreign country)
Place of Birth (State or Topeign country)  Place of Birth (State or Topeign country)  Michoacan  Michoacan	& Dinurido Mich Melico
Residence address Street on R.R. City County State	Residence Address Street, or R.R. City County State
Marvelle ST.	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous marital Status. Never married On No. of Previous marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Desite + Ala : Alex	
- Jewale aller Coll	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes I  If answer is "yes," has the adjudication been removed?  No Yes I	Are you now or have 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	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children,	5. List the full names of any dependent children.
Manasita Rebellar.	
6. (a) Full name of explicant's father Electered Rebollar	6. (a) Full name of applicant's father Salvador Cruy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Melics	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Margarita Bustos	(b) Full maiden name of applicant's mother Approved Sularya
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Mexico
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Might A
Birthplace of mother (State or foreign country)	Distriplace of motive (state of loreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X ELAS Reballor Date 2-2/-90	immune deficiency syndrome).  Signature of Applicant X Gloria CRuz Date 12-21-90
Signature of Applicant X C//HS RESO/1007 Dates A/10	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana ) I swear/affirm that the information given  County of HENDRICKS   in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
X Signed EliAS Rebollor	× Signed Gloria CRUZ
New Address	New Address
Subscribed and sworn to before me this 2 day of ADE , 19 90  (In the HENDRICKS Circuit Court	Subscribed and sworn to before me this 21 day of MCC , 19 90  HENDRICKS Circuit Court
Clerk of the RENDARCAS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) State of Indiana ) ss:	State of Indiana )  HENDRICKS SS:
County of ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IS MADDIAGE LICENSE ISSUED BY ODDED OF COURT	
	A marriage license having been refused to the above named parties, the  Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
AND THE RESIDENCE OF THE PARTY	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 12-21-90 , authorizing the marriage of _	
I CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on12-21-90
(date), at DANVILLE	in HENDRICKS County, Indiana,
ELIAS REBOLLAR of HENDRICKS	County (state), and
GLORIA CRUZ of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: _/S/ CYNTHIA J. SPENCÉ Filed and recorded in accordance with the laws of the State of Indiana on	, 12 21 00 (Official designation)
Thea and recorded in accordance with the laws of the state of inalana on_	(date).
	Signed Im mis famous Clerk
	HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 713

\_Circuit Court

HEND	RICKS County File 12-26-90
	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 Applicant 50 No Yes I If No, Medical Examination or Report Dated 12-18-90 Name of Physician Daniel A Schmuda
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name / First / Middle / Last
Joseph anthony Deill	Date of Birth Month Day Year
Date of Birds / 2 / 7 Year / 3	1 25 66
Place of Birth (State or foreign country) Indipole . On	Place of Birth (State or foreign country) In diana
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3980 Williams Dr. Klaisfild, Hendricks In	1184 Hollydane, algorguso, 11 Nenry, all
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Diwens cerce	picovaeji
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Walter Heill	6. (a) Full name of applicant's father Sarry Class Conover
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Registion Indiana	Residence of father (if deceased, so state) Indple Indian
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Darwara How Hell	(b) Full maiden name of applicant's mother / (LNCLY) COND SOME COND
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Maira Nac	Birthplace of mother (State or foreign country)
Distributed of motive (etaile of loosign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Joseph G. No. Date 12-26-90	Signature of Applicant X Hawa Bynne Conover Date 12/210/9
Signature of Applicant X Date / Date	Signature of Applicant A 2000 CC C C C C C C C C C C C C C C C C
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
State of Indiana  I swear/affirm that the information given  ss:  I swear/affirm that the information given  in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Joseph G. Neil	Signed Laura Lyhal Conores
New Address SAME	New Address Same as askive
Subscribed and sworn to before me this de day of Ale , 19 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Subscribed and sworn to before me this 24th day of 200, 19 40  Minut forward Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	State of Indiana )  County of HENDRICKS   SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MADDIACE LICENSE ISSUED BY ODDED OF COURT	I A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-26-90 , authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
	in Marion County, Indiana, Joseph
Anthony Neill of Hendricks	County Indiana (state), and Laura
	unty <u>Illinois</u> (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated 12-26-90
Signed by: Ronald D. Reed	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-11-91 (date).

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Date of Applicatio Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 Yes 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Steven IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** melvin wallace Indiana 925 Oakwood Inspiration Dr. Michmond VA 2323 Previous Marital Status: Never Married 🔀 OR No. of Previous Marriages Annulment Last Marriage Ended By: Divorce Annulment Date Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Yes 🔲 Yes 🗌 Not Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 6. (a) Full name of applicant's father Herbert Curtis wallace Residence of father (if deceased, so state) er (if deceased, so state) Occased Birthplace of father (State or foreign country) NOTH Carolina ace of father (State or foreign country) Bulgaria
aiden name of applicant's mother Martha Leona McCarthur (b) Full maiden name of applicant's mother Toyce Elaine Williams Residence of mother (if deceased, so state) VINGINIA ce of mother (if deceased, so state) deceased Birthplace of mother (State or foreign country) Michigan Birthplace of mother (State or foreign country) North Carolina ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in\_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, 12-26-90 , authorizing the marriage of \_\_Melvin Lee Wallace . I further certify that the following marriage certificate was filed in my office: (name), certify that on \_\_\_\_12-28-90 and Diana Sue Riser

(name), certify that on \_

(date).

Florida

Hendricks

Judge

Indiana

County \_

County.

County, Indiana, Melvin Lee

(state) were married by me as authorized

Circuit Court

(state), and \_ Diana

County, Indiana, dated 12-26-90

(official designation)

(date), at \_\_\_

Wallace

Sue Riser

Robert F. Gammon

Signed by: Rovert F. Gammon

Plainfield

under a marriage license that was issued by the Clerk of the Circuit Court of

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

Manatee

Hendricks

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No	
	12-26-90 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 Applicant 50 No B Yes I If No, Medical Examination or Report Dated 9/25-90 Name of Physician Fatricia And M.Y.	
MALE APPLICANT	FEMALE APPLICANT	
Date of Birth  Date of Birth  Month  Day  Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  Brown Shurry  Previous Marriage Ended By:  Death  Divorce  Annulment  Date  Date of birth verified by:  Birth Certificate  Other (Specify)  Divorce  Annulment  Date	Name Dicky Del First Middle Last Dicky Date of Birth Day Day Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address Street or R.R. City County State  To County State  Previous Marital Status: Never Married Del No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Residence of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome):  Signature of Applicant  ACKNOWLEDGMENT  Date 12/26/98	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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  12/26/9	O
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	
State of Indiana  County of HENDRICKS  Signed ARANE Alburation is true and correct.  Signed Arane Rd. Apt. Newmarket NH 0355  Subscribed and sworn to before me this 3 lotted day of HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed Will Sum Chamber in this application is true and correct.  New Address 2 Constable Rd Application is true and correct.  Subscribed and sworn to before me this 24 and day of HENDRICKS Circuit Court	NH 03857
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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  Father ID #  Subscribed and sworn to before me this day of , 19	State of Indiana   )   SS:	
Clerk	Clerk	
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cledated 12-26-90 , authorizing the marriage of and WEI FENG CHANG	TE AND MARRIAGE CERTIFICATE  Perk of the Circuit Court of HENDRICKS County, Indiana, JASON EARL ALBRECHT  — . I further certify that the following marriage certificate was filed in my office:	
	(name), certify that on	
Berg 1. 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 : 1 :	Signed Clerk HENDRICKS Circuit Court	

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File No. 7/6

Pate of Application

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

Female Applicant 50 No the Yes I If No, Medical Examination or Report Dated

Name of Physician Septem 1. Heads

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Timothy R. Howard	Name Lisa C Middle Last Carlo
Date of Birth Month Day Year	Date of Birth Month Day Vear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County O State	Residence Address Street or R.R. City County State
1008 rally how Mr. 186. 3 rely	+ and
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Quiter (Specify) Da. R	Date of birth verified by: Birth Certificate Other (Specify)
	Carlot Maria Carlot Maria Carlot Carl
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  2. Are you related to the female applicant closer than second cousin?  No ☑ Yes ☐	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?  No X Yes	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No X
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No No Yes
5. List the full names of any dependent children. I wather W. a.	5. List the full names of any dependent children. — 18 ( na Wade )
6. (a) Full name of applicant's father trighte Hound	6. (a) Full name of applicant's father Roger 13. Boace
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Seathie De Charles	(b) Full maiden name of applicant's mother Many Done Markett
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) The Niceland
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).  Signature of Applicant X Signature of App
Signature of Applicant Lime Try Constitution Date 12/36/90	Signature of Applicant X Survival Country Date 1 1 2 2 2
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given  County of HENDRICKS ss:	State of Indiana ) I swear/affirm that the information given
County of HENDRICAS in this application is true and correct.	County of RENDRICKS in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this
Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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,
Sale take which make the consent of the other parent uninecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana ) ss:
County of HENDINGS ) Father ID #	County of
Mother	MotherID #
Subscribed and sworn to before me thisday 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, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-26 90, authorizing the marriage of andLISA C. WADE	. I further certify that the following marriage certificate was filed in my office:
I, MYRON BARNARD	(name), certify that on12-29-90
(date), atINDIANAPOLIS	in MARION County, Indiana,
LICA C WADE	County IN (state), and unty IN (state) were 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/ MYRON BARNARD	, JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-4-91 (date).
	Signed Spanis for any

### STATE OF INDIANA

APPLICATION FOR IN	No
HENDI	
	12-21-90
	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 Applicant 50 No  Yes III No, Medical Examination or Report Dated Name of Physician
THE ADDITIONAL	FEMALE APPLICANT
MALE APPLICANT  Name First Middle Last	Name Prirst Middle Last
Date of Birth  Day  Vear  Place of Birth (State or foreign-country)  Place of Birth (State or foreign-country)  Previous Marital Status: Never Married   OR No. of Previous Maritages	Date of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or B.R. Offy County State  Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1984	Last Marriage Ended By: Death Divorce Annulment Date 9 - 9n
Date of birth verified by: Birth Certificate Definer (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Dr. Jesus
If answer is "yes," has the adjudication been removed?  No Yes No Yes No Yes Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes N	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes   No Ye
5. List the full names of any dependent children.	List the full names of any dependent children.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (if deceased, so state)  (If adopted, list adoptive parents only)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father An Tillman  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  Date 12-26-90	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  Date 12-36-
The 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  Signed Reuben Scott  New Address  Subsortibed and sworn to before me this Rb  Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  Address  Subsortibed and sworn to before me this Rb  HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed New Address New Address Subscribed and sworn to before me this  County of HENDRICKS Subscribed and sworn to before me this  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OF CHARDIAN	CONSENT OF PARENT, 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 ) ss:  County of HENDRICKS ) ID #	State of Indiana   )   Ss:
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authoriz	tes 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 Cl dated, authorizing the marriage of	
and	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on _ in County, Indiana,
(date), at	County, matura,

\_ County \_

Signed .

HENDRICKS

County\_

\_(state), and \_

(official designation)

\_County, Indiana, dated \_

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of

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

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 45245 Never Married Annulment Date of birth verified by: Birth Certificate Dother (Specify) Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? NoF Yes 🗌 No 🗆 Yes 🔲 No 🗌 Yes 🗌 No 🖫 Yes 🗌 No D Yes 🗌 No 🗸 Yes 🗌 No Yes 🗆 No 🛮 Yes 🗌 No 🗆 Yes 🗌 Simmere Birthplace of mother (State or foreign country)\_ **ACKNOWLEDGMENT** vledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court D1. #27 Gincinnali, OH 45245 HENDRICKS \_Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_County \_ Court, by written order issued\_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 12-27-90 authorizing the marriage of DUANE K. HIGGINS County, Indiana, and MINDY A. SIMMONS . I further certify that the following marriage certificate was filed in my office: GARY C. BLACK \_ (name), certify that on (date), at \_\_DANVILLE HENDRICKS County, Indiana, DUANE K. HIGGINS OHIO County \_ (state), and MINDY A. SIMMONS HENDRICKS IN (state) were married by me as authorized County . under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_

MINISTER

Clerk Circuit Court

(date).

(official designation)

Signed by: /s/ GARY C. BLACK

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

Clerk of Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 720
	County File 12.27.90 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 Applicant 50 No 1 Yes I If No, Medical Examination or Report Dated Name of Physician Medical Me
MALE APPLICANT	FEMALE APPLICANT
Name First Shiddle Last	Name Martha Jane Saler
Date of Birth Month Day Year S	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street-or R.R. City & Sounty State	Residence Address Sheet or R.R. Clip Light County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Q OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: RBirth Certificate Other (Specify)
one of onth verned by.     April Certificate   Other (opecity)	Date of birth vernied by: Meirth Certificate Uniter (speciny)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes Yes Yes Are you related to the female applicant closer than second cousin?  No Yes Yes Yes Yes Are you now under the influence of an alcoholic beverage?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(if adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (if adopted, list adoptive parents only)  Residence of mother (if deceased, so state).  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father State William S  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Signed Signed Subscribed and sworn to before me this Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed Martha Jane Sales  New Address  Subscribed and sworn to before me this Clerk of the HENDRICKS  Circuit County of HENDRICKS  I swear/affirm that the information gives in this application is true and correct and correct and sworn to before me this Clerk of the HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 )  Country of HENDRICKS ss:
County of	County of HENDRICKS  Father ID #
Mother ID # Subscribed and sworn to before me thisday of, 19	Mother ID #  Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County  and filed in	marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana.
and MARTHA JANE SALER	I further certify that the following marriage certificate was filed in my office:
I,JOHN GEIS	(name), certify that on2-9-91
(date), atGREENSBURG	in DECATUR County, Indiana,
ومراوي والمراوات والمراوات المراوي والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات والمراوات	County IN(state), and

Circuit Court

Circuit Court

BOYCE FORMS - SYSTEMS 1-800-362-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50 No S Yes
If No, Medical Examination or Report Dated
Name of Physician Relation Half Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name First Middle < Last	Name First Middle Last
Date of Birth Month Day Year Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street-or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death D Divorce Annulment Date
Date of birth verified by: Birth Certificate Q Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
on to	W.Ver
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  No  Yes □  3. Are you now under the influence of an alcoholic beverage?  No  Yes □	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes  Yes
4. Are you now under the influence of a narcotic drug? No № Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
2 11 2 2 12 10	29. 1
6. (a) Full name of applicant's father Monte O. Shith St.  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Pathalyon LN	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Advise R. O Autott	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Russilla Russa
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Simples of motor (control control)	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant My Selone Smith by Date 12-27-96	immune deficiency syndrome)
Daie	Signature of Applicant & Just Council Date 12/27
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS SS: is the application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X // Delane XTMA / fr	Signed X Muth Country  New Address Same an abtill
Subscribed and sworn to before me this 27 day of Sec., 19 90	Subscribed and sworn to before me this 27 day of Dec 19 90
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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:
FatherID #	Father ID #
MotherID #	Mother ID #  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, authorize	
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cl	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	Monte D. Smith, Jr. County, Indiana,
and Ruth E. Craig	I further certify that the following marriage certificate was filed in my office:
(date), atDanville Apostolic Church	in Hendricks County, Indiana, Monte
D. Smith, Jr. of Hendricks	County Indiana (state), and Ruth
E. Craig of Hendricks Cou under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 12-27-90
Signed by:Jerry G. Van Lue	, Reverend (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-15-91 (date).
	Signed Consui Lauson Clerk
	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Separate Separat
MALE APPLICANT	FEMALE APPLICANT
Place of Birth (State or foreign country)  Place of April (State or foreign country)  Place of Birth  Place of Bir	Name    Name   Warda   Middle   Last   Arvely
ast Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married
ate of birth verified by: Birth Certificate Other (Specify) Lorevins Licexse	Date of birth verified by: Defirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   No Yes   List the full names of any dependent children.
(a) Full name of applicant's father  (If adopted, list adoptive parents enly)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Kentucky	6. (a) Full name of applicant's father Unknown  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Ununu Marie Druel  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome).  Coulybusheeour Datex Das Dotex Das Das Dotex Das	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 Warda Marie Dangerous Communicable diseases 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 Warda Marie Dangerous Communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
tate of Indiana  ounty of HENDRICKS  Signed S Coulub Shear in this application is true and correct.  New Address S B S D I Quincy Fnd. 4745 6  ubscribed and sworn to before me this 28 th day of HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed & Wanda Mare Harvey New Address & RR * 1 Box 171 Quincy, din. 4745 Subscribed and sworn to before me this 20 th day of HENDRICKS  Subscribed and sworn to before me this 20 th day of HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN  /e. the parents of this applicant, hereby give consent for this marriage. If only one parent signs, attefacts 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
tate of Indiana ) county of	State of Indiana   )
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	marriage license having been refused to the above named parties, the
County	
RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE  ork of the Circuit Court of HENDRICKS County, Indiana,
MANDA MARIE HARVEY  DORIS BEASLEY	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on12-29-90
JOHN CARLYLE SHEARER of OWEN  WANDA MARIE HARVEY of HENDRICKS Cou	_ in OWEN County, Indiana, County IN (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ DORIS BEASLEY iled and recorded in accordance with the laws of the State of Indiana on	The state of the s
	Signed Town Jawas Clerk Handricks Circuit Court

Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female	Applicant 50	No 🗆	Yes 🗆	
If No, Medical Examination or Report Dated  Name of Physician Ronald Straymallu				
Name	of Physician	gonald	Stegemall	w

MALE APPLICANT	FEMALE APPLICANT
Richard Europe Parkings 4	Name Last Link Middle MC 100000000000000000000000000000000000
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.B. Dity Coupty State
6520 Raceway Rd, Camby Kendricks, In	6520 Haceway Rd, Camby, Hendricks, and
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Wother (Specify) Drivers Livers	Date of birth verified by: Deirth Certificate Other (Specify)
- Francisco Accounce	Control of the Contro
Are you now or have you ever been adjudged to be of unsound mind?     No    Yes	Are you now or have you ever been adjudged to be of unsound mind?     No    Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No   Yes   ✓	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kuharol Eugene Parkison Str.	6. (a) Full name of applicant's father Melivix Lee McClellax
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Llohida	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Andrana  Birthplace of father (State or foreign country) Andrana
(b) Full maiden name of applicant's mother Luganne Claine Parkison	(b) Full maiden name of applicant's mother Marily Hay Watkin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Hokudov	Residence of mother (if deceased, so state) Andiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Regulator & Pattern & Date 13/91	Signature of Applicant Aurole L. M. Chellan Date 1/3/9/
Signature of Approximation of the Approximation of	orginalize of Applicant X parts of the state
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Luchard & Parlyon for	Signed James J. M. all an
New Address  Subscribed and swern to before me this 3rd day of 9ax 19 9/	Subscribed and sworn to before me this SNO day of Jan 19 9/
(Kennie Lawson) Clerk of the HENDRICKS Circuit Court	Christy Auson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	sale lacio which make the consent of the other patent dimecessary
State of Indiana	State of Indiana )
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID #  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	RICHARD EUGENE PARKISON JR.
and LAURA LEIGH McCLELLAN	I further certify that the following marriage certificate was filed in my office:
I, DOUGLAS H. GALLION	(name), certify that on 2-8-91
(date), atCAMBY ofHENDRICKS	in HENDRICKS County, Indiana, (State), and
FALIDA F M-GETTEFAN	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ DOUGLAS H. GALLION	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-20-91 (date).
	Signed Source Lower Clerk
	Signed Clerk HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No
MALE APPLICANT	FEMALE APPLICANT
Name William Bure Middle Ensor	Name MARTHA TUNE GOODE  Date of Birth (State or foreign country)  Place of Birth (State or foreign country)
Residence Address Street or R. B. City County State  Residence Address Street or R. B. City HENDELICKS LIN 46021  Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R. Ry April 643 Sounty State TV  330 CONTINUO AND HVE, CONTINUO ASHE, Surfram, TV  Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father DESSIE BURE ENSOR  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state) deceased  Birthplace of father (State or foreign country) IN  (b) Full maiden name of applicant's mother Euro Clay Burk  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) deceased  Birthplace of mother (State or foreign country) IN	6. (a) Full name of applicant's father Andrew Forts Suthers (If adopted, list adoptive parents only)  Residence of father (if deceased, so state) declared  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Ether Ladong Langdon (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana County of HENDRICKS Signed William Burl County of County of Signed William Burl County of County of HENDRICKS New Address 330 Orienwood Lept 103 Communation given in this application is true and correct.  New Address 330 Orienwood Lept 103 Communation given in this application is true and correct.  Subscribed and sworn to before me this 3rd day of January 19 94 46135 Circuit County of the HENDRICKS Circuit Cir	State of Indiana  County of HENDRICKS  Signed Worth Land June Hoods  New Address Same as above  Subscribed and sworn to before me this 3nd day of HENDRICKS  Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 ) ss:  County of HENDRICKS   SS:  Father ID #
Mother ID #	Mother ID #  Subscribed and sworn to before me this day of, 19  Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes 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 Cladated, authorizing the marriage of, and, authorizing the marriage of,	WILLIAM B. ENSOR  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 1-19-91
WILLIAM B. ENSOR of HENDRICKS	County IN
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Clerk HENDRICKS Circuit Court

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDI	No. S
TIEND!	County File
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No the Yes I If No, Medical Examination or Report Dated  Name of Physician The President Control of Physician I I I I I I I I I I I I I I I I I I I
MALE APPLICANT	FEMALE APPLICANT
Name  Tosaph  Date of Birth  Day  Place of Birth (State or foreign Country)  Residence Address  Street or R.R.  City  State	Name  Place of Birth  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By:  Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Walliam North Survey.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Assemble Surveys St.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father  (It adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  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  1.3-96	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Date 1-3-C
The 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 aboacknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed County of New Address  Subscribed and sworn to before me this day of HENDRICKS  Signed County of HENDRICKS  Oday of HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS	State of Indiana  County of HENDRICKS ss: in this application is true and correspond to the second state of the HENDRICKS subscribed and sworn to before me this day of HENDRICKS Circuit County of HE
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of . 19  Cierk	State of Indiana ) County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	
I, CYNTHIA J. SPENCE	(name), certify that on1-3-91
(date), atDANVILLE	in HENDRICKS County, Indiana,

HENDRICKS

of\_ under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

HENDRICKS County\_

County \_

IN IN HENDRICKS

, 1ST DEPUTY CLERK 1-3-91 (date

\_(state), and \_

\_ (official designation)

\_County, Indiana, dated \_

(date).

(state) were married by me as authorized

\_ Clerk Circuit Court

JOSEPH LEE BIVENS JR.

Signed by: /s/ CYNTHIA J. SPENCE

NYLA ANN REEVES

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50	No 🖽	Yes 🗆	
If No, Medical Examination or Report Dated			
Name of Physician Cke	sless 4/ 4	montes	m.To

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name First , Middle , Last	Name First Middle Last
Date of Birth Day Year	Date of Birth J. Month J. Day Year
Place of Bigh (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. "ity County State	Residence Address Street or R.R. City County State
11435, Maple Lane, INDRES. IN 46231	842, E. MAIN ST. Plaintield, In. 46168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	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?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No Yes  3. Are you now under the influence of an alcoholic beverage?  No Yes  Yes	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
None	Stephen J. E. BEARD
6. (a) Full name of applicant's father William Franklin Cox	6. (a) Full name of applicant's father Twila Vedmer Dollar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  TN
(b) Full maiden name of applicant's mother Glennie Richardson	(b) Full maiden name of applicant's mother Mary Laura Boles
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  In .	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Carlell IV Con Date 11/64/91	immune deficiency syndrome).
Signature of Applicant & Warley W. Cop Date 21/64/7/	Signature of ApplicantX Date (17/7)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana  ) I swear/affirm that the information given  County of HENDRICKS / Ss:
County of HENDRICKS on this application is true and correct.  Signed X Daniel W, Control of the application is true and correct.	County of HENDRICKS Blanch in this application is true and correct.  Signed V Supar Blanch in this application is true and correct.
New Address & 1/435 MARLELANE INOPLS IN 46231	New Address X 11435 MAKELLN, INDRES IN 4623
Subscribed and sworn to before me this 4th day of Armong 1991  Council Ramson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this HELL day of Lanuary 19 91
Oliver to the Court Court	Clerk of the Library Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent uninecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana )  LENDRICKS SS:
FatherID #	County of HENDRICKS  Father ID #
Mother	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	
I,Dr.Larry Lilly (date), atMaple Grove Baptist Church	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), at <u>Maple Grove Baptist Church</u> W. Cox of Hendricks	_ in Hendricks County, Indiana, Darrell County Indiana (state), and Susan
	unty 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 1-14-91
Signed by: Larry Lilly Filed and recorded in accordance with the laws of the State of Indiana on	
	1 . ~
S	Signed Connect Jameson Clerk
	HENDRICKS Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-6702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician \_\_\_\_\_ Yes A

The same of the sa	
MALE APPLICANT	FEMALE APPLICANT
Name LARRY GENE SIKWOOD Last	Name SAUNDRA STORM SLEPPERD
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
RR2, Box 227 Clayton, HENDRICKS, IN 46118	RR2, BOX 227, Clayton, HENDRICKS, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annuiment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Piether (Specify)
Date of birth verified by: Birth Certificate Dether (Specify) Open Size	oper he.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Ves
4. Are you now under the influence of a narcotic drug? No Ves	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full name of applicant's father JOSEPH EIMER SILKWOOD	6. (a) Full name of applicant's father Robert E. LEE Shepperd
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) CIRIST MAS, FL	Residence of father (if deceased, so state) officeased
Birthplace of father (State or foreign country) JASONUILE, IN	Birthplace of father (State or foreign country) Monticello, KY
(b) Full maiden name of applicant's mother LAURA LEONA FAILS	(b) Full maiden name of applicant's mother KOSIE KNIGHT
Residence of mother (if deceased, so state) 8 E. MAPIE, WENTZUITE, MO	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state) McLasta  Birthplace of mother (State or foreign country) Monthicello, Ky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Sany & Sully ord Date 1-04-91	Signature of Applicant Sundia Shipped Date 1-04-9
	organica in Approximation of the Control of the Con
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS 55: ip this application is true and correct.	County of HENDRICKS ss; in this, application is true and correct.
* Signed Darry & Silkwood	signed Saundia & Skepperd
New Address Same as above Subscribed and sworn to before me this 4th day of January 19 91	New Address // T
Sopscribed and sworn to before me this 4th day of ANNARY, 19 91	Subscribed and sworn to before me this 4th day of January, 19 91  Christ Farm Clerk of the HENDRICKS Circuit Court
CHECK OF THE COURT	Critical Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Control Laboratory
County of HENDRICKS 88:	State of Indiana ) County of HENDRICKS 85:
Father	Father ID #
Mother	Mother
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MARRIAGE	
	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
andSAUNDRA_STORM_SHEPPERD	I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on1-4-91
(date), atDANVILLE	in HENDRICKS County, Indiana,
LARRY GENE SILKWOOD of HENDRICKS	County _ IN (state), and
under a marriage license that was issued by the Clark of the Circuit Committee	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 1-4-91
Signed by:/s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-4-91 (date).
	Signed Lane James Clerk
BOYCE FORMS + SYSTEMS 1400-MIG-8702 1477	HENDRICKS Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

\_Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
io or 7 o committo di olicio Di Ioloni,	
MALE APPLICANT	FEMALE APPLICANT
Name Douglas Exect Shireliff	Name Karen Dienna Rileu
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Cay County State
2202 Surry Dr. Bburg	- Dome -
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate QOther (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Bother (Specify) Dr. Ho.
1. Are you now or have you ever been adjudged to be of unsound mind? No TX Yes	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   Yes   Yes    Yes    Yes    Yes     Yes
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   If answer is "yes," has the adjudication been removed?  No   Yes □  Yes □
2. Are you related to the female applicant closer than second cousin? No ☒️ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No St. Yes
4. Are you now under the influence of a narcotic drug? No \( \frac{1}{2}\)8. Yes \( \square\$ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drugs  5. List the full names of any dependent children.  No No New Yes   New Yes   No New Yes   N
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	"David 1 1100
6. (a) Full name of applicant's father Magni Mirin Shireliff  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father was walking and a second a second and a second a second and a second a
Residence of father (if deceased, so state)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Direction
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lesto Lauro Hollingsworth	(b) Full maiden name of applicant's mother Batty 1. Weaver
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Labols. To
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Georgia
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Many Co. Sturing Date	Signature of Applicant X Mun W. Mully Date
7 7/	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  I swear/affirm that the information given  Ss:    Ssear/affirm that the information given	State of Indiana  County of HENDRICKS  Ss:  I swear/affirm that the information given the information given that the information given that the information given given the information given the information given the information given the information given g
Signed X Noughos & Surely	Signed & Haum W. Will
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of Down 19 11  HENDRICKS Circuit Court
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana )
County of HENDRICKS ss:	County of
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #  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, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
l certify that there was filed in my office a marriage license issued by the Cle dated $\frac{1-4-91}{}$ , authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana, Douglas E. Shircliff
and Karen D. Riley	I further certify that the following marriage certificate was filed in my office:
date), at Danville	(name), certify that on1-4-91 _in Hendricks County, Indiana, Douglas E.
Shircliff of Hendricks	Commy) intercentary
D. Riley of Hendricks Cou	unty 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 1-4-91
Signed by: <u>Cynthia J. Spence</u> Filed and recorded in accordance with the laws of the State of Indiana on	
S	Signed Connie Lawson Connie Lawson Clerk

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County Female Applicant 50 No Yes
If No, Medical Examination or Report Dated
Name of Physician Donala Yes 🗆

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

MALE APPLICANT	FEMALE APPLICANT
Name Charles David Brock	Name Kristina Louise Walton
Date of Birth April 03 1949	Date of Birth Month Day Year
Place of Birth (State-ex-foreign country)	Place of Birth (State-or-foreign country)
Residence Address Street or R-R-1 City County State	Residence Address Street or R.R. City , County State
R.P. #1 Box162B Stilesville, In.	2801 S. 350 W. Danville, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Defirth Certificate Other (Specify) Drivers Lieux as
Date of birth verified by: Birth Certificate Other (Specify)	The secretary of the se
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If conver is "less" beet the adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 4 Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Reith Brock	6. (a) Full name of applicant's father Ted Stanley Wacton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Tradiana
(b) Full maiden name of applicant's mother Sharon Rose Cooper	(b) Full maiden name of applicant's mother Ella May Wisa
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Tradiana	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Thirdiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Ladiana
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 X 1 - 8 - 91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
Date To The Date T	Signature of Applicant / Kustina Walton Date 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana  County of HENDRICKS  Signed Dock Signed	State of Indiana  County of HENDRICKS  Signed HENDRICKS  New Address R. R. B. B. M.
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PARENTS PARENT OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ) ss:	State of Indiana )  HENDRICKS ss:
Father ID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of and KRISTINE LOUISE WALTON	CHARLES DAVID BROCK
I, GEORGE PLASTERER	I further certify that the following marriage certificate was filed in my office (name), certify that on
(date), at PLAINFIELD	in HENDRICKS County, Indiana,
CHARLES DAVID BROCK of HENDRICKS	County IN (state), and
KRISTINE LOUISE WALTON of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ GEORGE PLASTERER	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Towns Souson Clerk
BOYCE FORMS + SYSTEMS 1-800-3824702 1477	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗹 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Navid Slagnara IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Annulment Death Divorce D Birth Certificate Dether (Specify) Date of birth verified by: Birth Certificate Other (Specify) No D Yes 🗌 No D No 🗌 Yes 🗌 Yes 🗆 No 🗌 No Ves Yes 🗆 No Yes No Yes 🗆 No Yes Are you now under the influence of a narcotic drug? No D Yes 🗌 ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, dated , authorizing the marriage of \_ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on January 9, 1991 LINDA BATTON JANICE S. CHILEWSKI in Hendricks Danville (date), at \_ County, Indiana, DOUGLAS KEMP HENDRICKS INDIANA County \_ \_(state), and \_ LINDA BATTON HENDRICKS INDIANA County\_ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated \_ CHIEF DEPUTY CLERK Signed by: JANICE S. CHILEWSKI (official designation) 1-9-91 Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed

Clerk

Circuit Court

HENDRICKS

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
HENDI	RICKS County File
	1-10-91
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☐ Yes ☐
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Jumo Williams
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
lame First Middle Last	Name First, Middle J. Last
Flan 9. Junch	Tamela 1. Harshansky
Date of Birth Day Year 1958	Date of Birth Day Teat 1965
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
428 Chemis Drawsolusa	- Dame
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ast Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Gether (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes  Yes  Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖸 Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Janu VI. Islander
6. (a) Full name of applicant's father Amuel Belgie Oxyrich	6. (a) Full name of applicant's father Territory H Vivinginan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Allegased	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Oilean Relationed
(b) Full maiden name of applicant's mother Senoral Fatoral	(b) Full maiden name of applicant's mother Colored Political (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of mother (if deceased so state) Brown fully of the state of mother (if deceased so state) and the state of mother (if deceased so state).	Residence of mother (if deceased, so state) And place. On
nesidence of morrer (in deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome).  Signature of Applicant  **Demols**    Communication**    Communication**   Communica
The short has ablested to writing by eath or affirmation or signature to the shows	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  Several fifth that the information given in this application is true and correct.	State of Indiana  County of HENDRICKS  Ss:  I swear/affirm that the information gi
County of HENDRICKS  Signed  Signed	Signed & Amelo T). Warshausky
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of day of 19 / 9/
Comme Alexanders of the HENDRICKS Circuit Court	Comme Species of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant is the characteristic of th
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	
	the state of the s
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
Countyauthori:	zes and directs the issuance of a marriage license to the above named partic
and filed in, authorit	and the design of a manage movies to the design of the
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indian
dated 1-10-91, authorizing the marriage of _	SEAN A. LYNCH
and PAMELA K. WARSHAWSKY	I further certify that the following marriage certificate was filed in my offi
I, WILLIAM LEVY	(name), certify that on
(date), at CARMEL	inHAMILTON
SEAN A. LYNCH of HENDRICKS  PAMELA K. WARSHAWSKY of HENDRICKS C	TN (see ) and a see of built and a see of built
	1-20-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ WILLIAM LEVY	JUDGE PRO-TEM (official designation)
Signed by: /S/ WILLIAM LEVY  Filed and recorded in accordance with the laws of the State of Indiana on_	1-23-91 (date).
Thea and recorded in accordance min me land of the blate of mandra on_	

Clerk

\_Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes  III No, Medical Examination or Report Dated //-20-90 Name of Physician Stephen Heggs
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Blass  Date of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or R.P. City County State  State  County Herdricks State  Previous Marriage Ended By:  Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify)	Name  First  Middle  ALast  Date of Birth  Day  Year  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  Previous Marriad Status: Never Married   OR No. of Previous Marriages  Last Marriage Ended By:  Date of birth verified by:   Birth Certificate  Date of birth verified by:   Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind?    If answer is "yes," has the adjudication been removed?   No   Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Holletteugene Coden  (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Residence of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  1-11-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 1/11/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  Clerk of the  Clerk of the  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS Signed New Address Subscribed and sworm to before me this day of HENDRICKS  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We the parents of this applicant bareby give consent for this marriage. If only one parent sizes
State of Indiana  State of Indiana  County of HENDRICKS  The parent unnecessary  ID #  Subscribed and sworn to before me thisday of, 19	We, the parents of this applicant, hereby 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  Father  Mother  ID #  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
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
Lloyd Beaman of Hendricks	
	Signed Connie Lawson Connie Lawson Clerk  HENDRICKS Circuit Court

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

ICATION FOR MARRIAGE LICENSE		No. //
HENDRICKS	County	File
		1-111-91
		Date of Application

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

Female Applicant 50	No 🗆	Yes 🗆	
If No, Medical Examinat	on or Repo	ort Dated	
Name of Physician	5 5 50	The state of the s	

MALE APPLICANT	FEMALE APPLICANT
Name Prist Middle Hear new	Name Kathanania Middley Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Bigh (State or foreign country)	Place of Girth (State or foreign country)
Residence Address Street or R.R. Sity County State	Residence Address Street or R. City County State 9021 CU 52NO Sh Supplied . 46258
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Marie Gaine	m. · O. ·
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes ☐  3. Are you now under the influence of an alcoholic beverage? No Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
1 1 1	00 , 0
6. (a) Full name of applicant's father wase. S. Stearner  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Claude arks
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)
Birthplace of father (State or foreign country) free by Marcum	Birthplace of father (State or foreign country) Pike Co. Indiana
(b) Full maiden name of applicant's mother Author Musicum  (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Aurita Storic  (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Algebrae	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Kussell Co, Kry	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant?  Date 11-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Tatherine S. Stearman Date 1-11-91
The 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  Signed Linkal Signe	State of Indiana  County of HENDRICKS  Signed Adthuring Stearning  New Address  Supering Supe
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana ) ss:
County of HENDRICKS  Father ID #	County of HENDRICKS SS:
Mother	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	RICHARD L. STEARMAN
and KATHERINE L. STEARMAN  I, PHILIP J. GABRIEL	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on 2-2-91
(date), atINDIANAPOLIS	in MARION County, Indiana,
	CountyIN(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	untyIN (state) were married by me as authorized HENDRICKS County, Indiana, dated 2-2-91
Signed by: /s/ PHILIP J. GABRIEL	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-6-91 (date).
	Signed Towns & Descrit

and filed in.

Signed by: /s/ LYNN R. DENISON

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

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Stephen Heeger IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: No. ★ Yes □ Yes 🔲 If answer is "yes," has the adjudication been removed? No Yes No 🗌 Yes 🔲 No Yes No. Yes 🗌 No. Yes 🗌 Are you now under the influence of an alcoholic beverage? No K Yes 🗌 No D Yes 🗌 6. (a) Full name of applicant's father Joseph Howard Stewart er (State or foreign country) Kancae andiana mother Barbara Dean Specie mother (if deceased, so state) Mussoure ace of mother (State or foreign country) Musauric ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court \_\_ HENDRICKS HENDRICKS HENDRICKS \_ Clerk of the \_ Circuit Court Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_ County \_ Court, by written order issued\_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of \_\_\_\_THOMAS KEITH BRENTLINGER 1-14-91 MARSHA ANN WHISMAN . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 1-26-91 LYNN R. DENISON (date), at \_\_\_\_TERRE HAUTE County, Indiana, THOMAS K. BRENTLINGER **HENDRICKS** \_(state), and County \_ MARSHA ANN WHISMAN HENDRICKS IN (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of

County, Indiana, dated \_

HENDRICKS

(official designation)

Clerk

Circuit Court

MINISTER

1-29-91

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County No & Yes 🗆 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗆 No 🗆 /Yes 🗌 No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No D Yes 🗆 Yes 🗌 No Yes 🗌 Are you now under the influence of a narcotic drug? No Yes Yes 🗌 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to Clerk of Court day of Jan , 19 9/ CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, ROBERT LEE MITCHELL , authorizing the marriage of \_ JULIANA MARIE HUMMEI . I further certify that the following marriage certificate was filed in my office: RICHARD ZORE (name), certify that on \_\_\_\_ 2-9-91 (date), at PLAINFIELD HENDRICKS \_ County, Indiana, ROBERT LEE MITCHELL HENDRICKS IN County \_ JULIANA MARIE HUMMEL HENDRICKS . County. (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 2-9-91 Signed by: /s/ RICHARD ZORE CATHOLIC PRIEST (official designation) Filed and recorded in accordance with the laws of the State of Indiana on\_ 2-28-91

> Clerk HENDRICKS Circuit Court

ID #

acknowledgment because of religious beliefs.

HENDRICKS

Clerk of Court \_

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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County of MENDRICKS  County of Mendre Mother  Subscribed and sworn to before me this day of of the above named parties of a marriage license to the above named parties of a marriage license to the above named parties of the circuit court of MENDRICKS  County, Indiana of MICHAEL RAY GRAY  A PAMELA SUE DECKARD  CYNTHIA J. SPENCE  (name), certify that on 1-25-91  MICHAEL RAY GRAY  Of HENDRICKS  County IN (state) were married by me as authorized and marriage license that was issued by the Clerk of the Circuit Court of MENDRICKS  County, Indiana, MICHAEL RAY GRAY  DAMELA SUE DECKARD  PAMELA SUE DECKARD  Of HENDRICKS  County IN (state) were married by me as authorized and marriage license that was issued by the Clerk of the Circuit Court of MENDRICKS  County, Indiana, dated 1-25-91  MICHAEL RAY GRAY  Of HENDRICKS  County, Indiana, dated 1-25-91  MICHAEL RAY GRAY  MICHAEL RAY GRAY  Of HENDRICKS  County IN (state) were married by me as authorized med by: /s/ CYNTHIA J. SPENCE  MICHAEL RAY GRAY  In HENDRICKS  County, Indiana, dated 1-25-91  MICHAEL RAY GRAY  MICHAEL RAY GRAY  In HENDRICKS  County, Indiana, dated 1-25-91  MICHAEL RAY GRAY  MICHAEL RA		The state of the s
Mother Subscribed and sworn to before me this day of 19 Subscribed and sworn to before	nty of HENDRICKS 55:	County of HENDRICKS ss:
Complete IF Marriage License Issued By Order Of Court. A marriage license having been refused to the above named parties, to the diled in	ner ID #	Father ID #
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to County		
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to County		
County		Cleri
County	MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  ertify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County	Court, by written order issued
ertify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	a filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
ertify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
PAMELA SUE DECKARD   I further certify that the following marriage certificate was filed in my office		
PAMELA SUE DECKARD  CYNTHIA J. SPENCE  (name), certify that on 1-25-91  te), at DANVILLE  in HENDRICKS  County, Indiana,  MICHAEL RAY GRAY  PAMELA SUE DECKARD  of HENDRICKS  County  IN (state), and  PAMELA SUE DECKARD  of HENDRICKS  County  IN (state) were married by me as authorized the marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS  MICHAEL RAY GRAY  Of HENDRICKS  County  IN (state) were married by me as authorized the marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS  County, Indiana, dated 1-25-91  med by: /s/ CYNTHIA J. SPENCE  , LST DEPUTY CLERK (official designation)	ed	MICHAEL RAY GRAY
CYNTHIA J. SPENCE  (name), certify that on 1-25-91  te), at DANVILLE  in HENDRICKS  County, Indiana,  MICHAEL RAY GRAY  PAMELA SUE DECKARD  of HENDRICKS  County  IN  (state), and  PAMELA SUE DECKARD  of HENDRICKS  County  IN  (state) were married by me as authorized that was issued by the Clerk of the Circuit Court of HENDRICKS  County, Indiana, dated 1-25-91  med by: /s/ CYNTHIA J. SPENCE  , LST DEPUTY CLERK  (official designation)		
te), atDANVILLE	CYNTHIA J. SPENCE	(name), certify that on 1-25-91
MICHAEL RAY GRAY of HENDRICKS County IN (state), and	ite), atDANVILLE	in HENDRICKS County, Indiana,
PAMELA SUE DECKARD of HENDRICKS County IN (state) were married by me as authorized a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 1-25-91 (ned by: /s/CYNTHIA J. SPENCE , IST DEPUTY CLERK (official designation)		County IN(state), and
ned by:/s/ CYNTHIA J. SPENCE,	PAMELA SUE DECKARD of HENDRICKS Con	unty IN (state) were married by me as authorized
) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) ) )	ter a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated 1-25-91
and recorded in accordance with the laws of the state of Indiana on (date).	wad how /a / OUNTRITY T CONTRICT	IST DEPITY CLERK (After January)
	ned by: /s/ CYNTHIA J. SPENCE	
Signed Dune Think Cle	and recorded in accordance with the laws of the State of Indiana on	1-25-91 (date).

\_Circuit Court

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County

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

Female Applicant 50 If No, Medical Examinat	No □ ion or Repor	Yes rt Dated	1-14-91	
Name of Physician		then	Heezer	

MALE APPLICANT	FEMALE APPLICANT
Name First Middle - Last	Name First Middle Cast
Date of Birth Month Day Year	Date of Birth Mopth) Day Year
Date of Dirth of 1951	- 41/ay 22' 1953
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State
DITTE, XIMILLEUM	Previous Marital Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date 7-8-87	Last Marriage Ended By: Death Divorce Annulment Date 7 - 8 - 8
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No yes   Are you related to the female applicant closer than second cousin?  No yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. James IN patheunt pluster	5. List the full names of any dependent children.
Jeremy Wade tillumin	Jeremy Vade Kobinson
Ou PPILL	Distant Malett
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Attached The full of the father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Alcolocular	Residence of father (if deceased, so state) Plansfield, A.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Molly Akanggo	(b) Full maiden name of applicant's mother Lathleen fugate
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Amus H Lobertuber Date	Signature of Applicant Aleborah K. Roberts 6ater
	The state of the s
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) ss:	State of Indiana ) I swear/affirm that the information giver
County of HENDRICKS in this application is true and correct.  Signed County of Count for all in this application is true and correct.	County of the land
New Address Dox 16 Stilleville in 46180	New Address Dix le Stilbielle 40180
Subscribed and sworn to before me this day of, 19	SØbscribed and sworn to before me this day of day of 19 9/
Annual Australia of the HENDRICKS Circuit Court	Chronic Brussen Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	State facts which make the consent of the other parent differences.
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	Charles and the second
	A marriage license having been refused to the above named parties, the
and filed in authorit	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
, aution	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	
dated 1-18-91, authorizing the marriage of _	James A. Robinson
and Deborah K. Robinson	I further certify that the following marriage certificate was filed in my office
I, Janice S. Chilewski	
A Pohinson of Hendricks	County Indiana (state), and Deborah
K Pohinson of Handricks C	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 1-18-91
Signed by: Janice S. Chilewski	
Filed and recorded in accordance with the laws of the State of Indiana on_	1-18-91 (date).
	1
	Signed Connie Lawson Courses James Clerk
	HENDRICKS / Circuit Cour.

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	ENDRICKS County File
	1-18-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license und IC 31-7-3 commits a Class D felony.	he If No, Medical Examination or Report Dated /-/3-7/
MALE APPLICANT	FEMALE APPLICANT
Name Dayolaris Allidas Vistoria	Name Patricia: Marie Gatt
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)  Andiana	Place of Birth (State or foreign country)
Residence Address Street or R.R. Street or R.R. State Ox.	A. Residence Address Street or R.R. On Land State State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dether (Specify)	Date of birth verified by: Sirth Certificate Tother (Specify)
Drivers Lucise	A TOWN STORY
Are you now or have you ever been adjudged to be of unsound mind?  No. Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes	
2. Are you related to the female applicant closer than second cousin? Not Yes  3. Are you now under the influence of an alcoholic beverage? Not Yes	
4 Are you now under the influence of a parcetic drug?	
5. List the full names of any dependent children. Ougstal of	5. List the full names of any dependent children. Helicoa lan 16, Crystal Daws 10
6. (a) Full name of applicant's father Edward Wilsox	6. (a) Full name of applicant's father Billy Here Balver
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Againman  Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother There Beatrice was	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseathat are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  ses I acknowledge that I have received information regarding dangerous communicable disease
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseathat are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Date 1-18-4
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  If acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  Date	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Date
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  Date  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of the state of Indiana  I swear/affirm that the information of Indiana  I	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Ove  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information give
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information of the internation of	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Ove  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Out  State of Indiana  County of  HENDRICKS  SS:  I swear/affirm that the information give ect.  County of  HENDRICKS  SS:  I of this application is true and correct
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information of the internation of	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Ove  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Ven  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information of in this application is true and considered and sworn to before me this  Clerk of the  HENDRICKS  Clerk of the	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndromes).  Signature of Applicant  Ove  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Ven  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Circuit County of HENDRICKS
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information of in this application is true and cornected and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Circuit County of HENDRICKS  Clerk of the HENDRICKS  Circuit County of HENDRICKS  County of HENDRICKS  Clerk of the HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS  County of HENDRICKS  Circuit County of HENDRICKS  County of HENDRICKS  Circuit County of HENDRICKS	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndromer.  Signature of Applicant
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  Clerk of the day of hENDRICKS  Clerk of the HENDRICKS	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant Date / Signature of Applicant Signature of Received Applicant Signature of Received Applicant Signature of Applicant Signature of Received Applicant Signature of Applicant Signatur
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndromye)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  Country of HENDRICKS  Signed Signed Signed Agreement of the MENDRICKS  Clerk of the HENDRICKS  Clerk of the MENDRICKS  Clerk of the MENDRICKS  State of Indiana  (State of Indiana )  SS:  State of Indiana  (State of Indiana )  SS:  State of Indiana )  SS:	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  Ounty of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  State of Indiana  Ounty of HENDRICKS  State of Indiana  County of HENDRICKS  Sa:  State of Indiana  County of HENDRICKS  Sa:  Saigned  ACKNOWLEDGMENT  Date  I swear/affirm that the causes AIDS (acquimmune that causes AIDS (acquimmune t	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndromey. Signature of Applicant Date Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date  State of Indiana County of HENDRICKS Signed Automation is true and correct in the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Automation is true and correct in the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Automation is true and correct in the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Automation information give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  Clerk of the HENDRICKS  Consent of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Sa:  County of HENDRICKS  Sa:  County of HENDRICKS  Father  ID #  Mother  ID #	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndromey. Signature of Applicant Date   18 - 9    Ove The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date  State of Indiana County of HENDRICKS Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit County of HENDRICKS Signed New Address  Subscribed and sworn to before me this day of HENDRICKS Circuit County of HENDRICKS Signed New Address Subscribed and sworn to before me this Mental Property of this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Signed Nother
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseath at are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  Clerk of the HENDRICKS  Clerk of the Date  Consent of this applicant, hereby give consent for this marriage. If only one parent sistate facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  State of Indiana  County of HENDRICKS  State of Indiana  County of HENDRICKS  Signed  Aday of 10 mm.  Subscribed and sworn to before me this day of 10 mm.  Subscribed and sworn to before me this day of 10 mm.  Subscribed and sworn to before me this day of 10 mm.	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome)  Signature of Applicant Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Ven  State of Indiana  County of HENDRICKS  Signed Autobach  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Subscribed and sworn to before me this papilicant, hereby 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  Sas:  County of HENDRICKS  Sas:  Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the at acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Circuit County of HENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndromby.  Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Gircuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Size of Indiana  County of HENDRICKS  Sate of Indiana  County of HENDRICKS  Amarriage license having been refused to the above named parties, the
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseathat are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  Date  State of Indiana  County of HENDRICKS  Signed  Clerk of the HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of 19  County of HENDRICKS  Subscribed and sworn to before me this day of 19  County of HENDRICKS  Subscribed and sworn to before me this day of 19  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COU	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndromey. Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Gircuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of 19 #  Subscribed and sworn to before me this day of 19 #  Subscribed and sworn to before me this day of 19 #  Subscribed and sworn to before me this day of 19 #  Subscribed and sworn to before me this day of 19 #  Subscribed and sworn to before me this day of 19 #  Subscribed and sworn to before me this day of 19 #
ACKNOWLEDGMENT  Acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquirement deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  I swear/affirm that the information of in this application is true and core in t	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deliciency syndrometry)  Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Cierk of the HENDRICKS  Cierk of the HENDRICKS  Cierk of the HENDRICKS  Ciercuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby 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:  Conty of HENDRICKS  SS:  Ciercuit Court  Consent of received indiana  County of HENDRICKS  SS:  Corout Court  Court, by written order issued  Court, by written order issued  CENSE AND MARRIAGE CERTIFICATE
ACKNOWLEDGMENT    acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)   Signature of Applicant	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndpompy. Signature of Applicant as objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS  Gircuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed Clerk of the HENDRICKS  Signed New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Signed New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  State of Indiana  County of HENDRICKS  AUTHORITY  AND THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  and filed in RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER O	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deliciency syndrometry).  Signature of Applicant because of religious beliefs.  Clerk of Court  Ven acknowledgment because of religious beliefs.  Clerk of Court  Ven Batte of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the Applicant, hereby 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  Father  Subscribed and sworn to before me this day of 19  Court, by written order issued 10 me above named parties, the Court, by written order issued 10 me above named parties, the Court of HENDRICKS  County, Indiana, DOUGLAS WILLCOX  Ifurther certify that the following marriage certificate was filed in my office.
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the at acknowledgment because of religious beliefs.  Cierk of Court  Date  State of Indiana  County of HENDRICKS  Signed Cierk of the HENDRICKS  Signed Cierk of the HENDRICKS  Cierk of the HENDRICKS  Cierk of the HENDRICKS  Cierk of the HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Cierk of the HENDRICKS  Ciercuit of HENDRICKS  State of Indiana  County of HENDRICKS  State of Indiana  County of HENDRICKS  State of Indiana  County of HENDRICKS  Sas:  Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COUnty  and filled in , authorizing the marriage of the marriage o	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease ired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire 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  Ven State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  County of HENDRICKS  Father  Subscribed and sworn to before me this day of 10 %  Court, by written order issued horizes and directs the issuance of a marriage license to the above named parties.  CENSE AND MARRIAGE CERTIFICATE  The Clerk of the Circuit Court of HENDRICKS  County, Indiana, DOUGLAS WILCOX  I further certify that the following marriage certificate was filed in my office.  (name), certify that on 1-18-91
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the attacknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed Clerk of the HENDRICKS  Signed New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Signed New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  State of Indiana  County of HENDRICKS  AUTHORITY  AND THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  and filed in RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER OF COUNTY  AUTHORITY THAT THE MARRIAGE LICENSE ISSUED BY ORDER O	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deliciency syndrometry).  Signature of Applicant because of religious beliefs.  Clerk of Court  Ven acknowledgment because of religious beliefs.  Clerk of Court  Ven Batte of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the Applicant, hereby 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  Father  Subscribed and sworn to before me this day of 19  Court, by written order issued 10 me above named parties, the Court, by written order issued 10 me above named parties, the Court of HENDRICKS  County, Indiana, DOUGLAS WILLCOX  Ifurther certify that the following marriage certificate was filed in my office.

\_\_\_\_ Clerk \_Circuit Court

Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50	No DB	Yes 🗆	je
If No, Medical Examinatio	n or Report	Dated	
A CONTRACTOR OF THE PARTY OF TH	hinol	0 11	ijć.

MALE APPLICANT	FEMALE APPLICANT
Name Steven & Middle Brizendine I.	Name First Middle Last Tane Alice Panton
Date of Birth Month Day Year	Date of Birth. Month Day War
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
Dine 3	943 Brendon Dr. Pagal
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ■
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?     No    Yes         Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?  No X Yes   3. Are you now under the influence of an alcoholic beverage?  No X Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No X Yes
5. List the full names of any dependent children. Seedly, Steven II.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Bernard Brighedi	e 6. (a) Full name of applicant's father Habert William Pouton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Thaile W. Hank
(b) Full maiden name of applicant's mother The State Surgarian Latter (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Blung II	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Date 1/22/9/	Signature of Applicant Jan alice Tayton Date 1 22 91
	, ,
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS \$5: In the application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Signed	signed y Jane alice Bayton
New Address  Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this day of 1 1991
Come Square Clerk of the HENDRICKS Circuit Court	Tome gaves Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONCENT OF REPORTED PARTY OF CHARDAIN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	
County of HENDRICKS ss:	State of Indiana )  County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and JANE A. PAYTON	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on 3-2-91
(date), at _PLAINFIELD of HENDRICKS	in HENDRICKS County, Indiana, County TN (state), and
JANE A. PAYTON of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-2-91
Filed and recorded in accordance with the laws of the State of Indiana on	, PASTOR (official designation) 3-5-91 (date).
	The second secon
	Signed Orine James Clerk
	HENDRICKS Circuit Court

## APPLICATION FOR MARRIAGE LICENSE

HEND	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No \$\frac{1}{2} Yes \Boxed  If No, Medical Examination or Report Dated  Name of Physician \textit{ Stephen Heagy}
MALE APPLICANT	FEMALE APPLICANT
Name Stephen Charles Paradine	Name First Middle Last
Date of Birth Month Day Year  4 2-0 6-4	Date of Birth Desse Day Year Vear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ⊠ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) So. Liv.	Date of birth verified by: Sirth Certificate Rother (Specify) Dr. Sir.
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗵 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes □  Yes □  Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  No  Yes □  3. Are you now under the influence of an alcoholic beverage?  No  Yes □	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Ves  Ves  Ves  Ves  Ves  Ves  Ves  V
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Rocal White Possedure	6. (a) Full name of applicant's father Sman Educard Mars
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Wishiaan	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother January Warner Bury	(b) Full maiden name of applicant's mother Mes Jane Mast
(If adopted, list adoptive parents only).  Residence of mother (if deceased, so state) Intuition (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  **North Th
Birthplace of mother (State or foreign country) Nychigan	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 1/23/9/	I acknowledge that I have received information regarding dangerous communicable diseases 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 1/23/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has 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.  New Address  Subscribed and sworn to before me this 3 day of HENDRICKS Circuit Court	State of Indiana  County of HENDRICKS  Signed Signe
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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:  Father ID #	State of Indiana ) County of HENDRICKS ) Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN C PARADINE
and STEPHANIE L. GEESE	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on1-26-91in PORTER County, Indiana,
STEPHEN C. PARADINE of MARION	County IN(state), and
STEPHANIE L. GEESE of HENDRICKS Cou under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized County, Indiana, dated 1-26-91
Signed by: /s/ NEIL E. ANDERSON	_ , _PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	igned Same James (date).

\_Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 1 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician \_ Deven IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 930 Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? No D Yes 🗌 No Yes No 🗆 Yes 🗆 No 🖫 / Yes 🗆 No 🖭 Yes 🗌 No Yes L No Yes No Yes ent children. Phillip Brent Williamson Warren Glaze Full name of applicant's father William Edgar Carlisle Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases Vennes O. Olas The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana New Address & Same New Address & Same HENDRICKS HENDRICKS \_ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 1-23-91 , authorizing the marriage of \_\_\_\_ DENNIS DEAN GLAZE SHIRLEY TERESA WILLIAMSON . I further certify that the following marriage certificate was filed in my office: I, WILLIAM W. HATCHEL 1-28-91 \_ (name), certify that on \_ INDIANAPOLIS (date), at \_ MARION County, Indiana, DENNIS DEAN GLAZE County \_ \_(state), and \_ SHIRLEY TERESA WILLIAMSON HENDRICKS (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_ Signed by: /s/ WILLIAM W. HATCHEL MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on\_ (date).

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

\_County \_

Clerk Circuit Court

Court, by written order issued \_

and filed in\_

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No BL A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Bracken Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No 🛛 Yes 🔲 Yes 🗌 No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🔲 No Yes 🗌 No Yes 🗌 No D Yes 🔲 No D Yes 🗌 No Yes 🔲 No 🔯 Yes 🗌 List the full names of any dependent children. Cracuma", sichal ACKNOWLEDGMENT **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court HENDRICKS Subscribed and sworn to before me this HENDRICKS HENDRICKS Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued \_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, 1-23-91 \_ , authorizing the marriage of \_\_\_\_\_MERLE J. MOORE JR. ROBIN D. BRACKEN . I further certify that the following marriage certificate was filed in my office: I, LARRY LILLY (name), certify that on \_ 1-31-91 DANVILLE (date), at \_ HENDRICKS County, Indiana,. MERLE J. MOORE JR. HENDRICKS IN \_(state), and \_ ROBIN D. BRACKEN HENDRICKS County\_ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 1-31-91 , MINISTER Signed by: /s/ LARRY LILLY (official designation) Filed and recorded in accordance with the laws of the State of Indiana on\_

Circuit Court

Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50	No 🗆	Yes 🗆	
If No, Medical Examination	n or Report	Dated	
Name of Physician 200			

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Clast	Name First Middle Last
Date of Birth Day Year	Date of Birth Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Indiana
Residence Address Street or R.R. Street or R.R. City Plan Field IN. 46168	Residence Address 932 Street or PAR City City Painty State State 10 461
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	V
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Druens License	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?	Are you now or have you ever been adjudged to be of unsound mind?  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No. Yes  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  7. Ves   7. Ves  7.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father REXE Castor	6. (a) Full name of applicant's father Raymond L. tields
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Tour Cource Tourist	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother. Tuck the A. Yadon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN (Prode 1501)	Residence of mother (if deceased, so state) IN (Eaton)
Birthplace of mother (State or foreign country) TW (ELLOCOL)	Birthplace of mother (State or foreign country) IN CHOCKET
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X 1000 R. (4500 Date 1-25-91	Signature of Applicant Supplicant Signature of Applicant Signature o
The shows applicant has shipsted to positive by eath or affirmation as signature to the chara-	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment bacause 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 Cannil Kaws on Date 1-2591	Clerk of Court Connie Tawson Date 1-2591
State of Indiana  County of HENDRICKS Ss: Is wear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given SS:
County of HENDRICAS TO THE Signed Signed Signed To The Signed Signed To The Signed To	County of HENDRICKS in this application is true and correct.
New Address 932 A PINE WOOD DR. Plaintield IN.	New Address 952 A Pineway Dr. Plainfield, In 46168
Subscribed and sworn to before me this as day of analy 1941	Subscribed and sworn to before the this 35th day of Dunuary, 19 21
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDINCKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) Sauth of HENDRICKS ss:	State of Indiana )  HENDRICKS SS:
Father	County of HENDACAS ) Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authorize	
DETUDIN OF MADDINGS MODING	E AND MADDIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, TODD B. CASTOR
and JULIE A. MILLER	I further certify that the following marriage certificate was filed in my office:
I, DAVID C. MAISH	(name), certify that on 2-2-91
(date), atMUNCIE	in DELAWARE County, Indiana,
TODD B. CASTOR of HENDRICKS	
JULIE A. MILLER of HENDRICKS Con under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized
Signed by:/s/ DAVID C. MAISH	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Mine house (Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	PRICKS County File
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
AMALE APPLICANT  ameEirstMiddleLast	Name First Middle Last
ate of Birth Month Day Year	Date of Birth Month Say Years
12 20 15	V 37 1V
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street of R.R. City County State 432 W. James Rd. Blaunding
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married  OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Sother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
- 1011.0kg.	age of other contracts of Paris, Colored Mario, Col
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes
Are you now under the influence of a narcotic drug?  No ☑ Yes ☐  List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes  5. List the full names of any dependent children.
(a) Full page of prolipped of the state of page 10 page 10.	6. (a) Full name of applicant's father Howay Hudward Short
(a) Full name of applicant's father Table Yearper (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Content Applicant's father (If adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state) Deseased
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Example 1992 1992 1992 1992	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother the Whole Charles I Wo
Residence of mother (if deceased, so state). Deceased	Residence of mother (if deceased, so state). Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
the above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS  Signed X Willed J. Cody  Signed X Willed J. Cody	County of HENDRICKS ss: in this application is true and correct.
New Address	Signed XX. Imogene Lynch New Address
subscribed and sworn to before me this 24 day of 700. 19 91	Subscribed and sworn to before me this 34 day of 2000, 1991
Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana }	State of Indiana )
ounty of	County of HENDRICKS ss:
atherID #	FatherID #
lother ID # ubscribed and sworn to before me this day of, 19	Mother ID #  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, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
ated, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on 2-2-91
date), atDANVILLE	in HENDRICKS County, Indiana,
	County (state), and
L. IMOGENE LYNCH of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ C. S. CHESEBROUGH - BERNIE COX	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Clerk HENDRICKS Circuit Court
OF THE PARTY AND MARKS AND	Circuit Court

Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

			THE REAL PROPERTY.
Female Applicant 50	No B	Yes □	
		A STATE OF THE OWNER, THE PARTY OF THE PARTY	
If No, Medical Examination	on or Report	Dated	
Name of Physician		110000	
Ivalle of Filysicial S	- Abr	monpan	

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Arthur Anthony Sevier	melissa musgrove
Date of Birth Month Day Year	Date of Birth Month Day Welar
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
Dine >	By Box 297 Banton IN
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Dr. Lw.	Date of birth verified by: Birth Certificate Other (Specify) Dr. Lie
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the female applicant closer than second cousin?  No ☒ Yes ☐	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin?  No  Yes   3. Are you now under the influence of an alcoholic beverage?  No	2. Are you related to the male applicant closer than second cousin?  No Yes  3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖸 Yes 🗆
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Roy Earl Series Sr.	6. (a) Full name of applicant's father Solvie Missgrave
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Daniel & To	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Telbospyce South	(b) Full maiden name of applicant's mother Muss Hess Wiles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Surplied of Motor (chair of Motor)	Simples of motion (state of longin country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed XIMALISSA  Application is true and correct.
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of	County of
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issued
, dutionize	is and directs the issuance of a marriage needs to the above named parties.
RETURN OF MARRIAGE LICENS.  I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	
and MELISSA MUSGROVE	I further certify that the following marriage certificate was filed in my office:
	in HENDRICKS County Indiana
	in HENDRICKS County, Indiana, County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-8-91
Signed by: /s/ JAMES WILLIAM BLACK	_ , (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-11-91 (date).
	- Lange L.
	Signed Clerk HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Twatte Mann Se ! B'burg
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Koopman
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. , City of the County & State A	Residence Address Street or R.R. City County State
5950 N.E. 18 Ave 512 Ca	RRIBOX 198 Pathalona IN
Previous Marital Status: Never Married OR No. of Previous Marriages of Aude dale 373334	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate DOther (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No █ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No 🖸 Yes 🗆	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No√□ Yes □	Are you now under the influence of an alcoholic beverage?      No Yes       Are you now under the influence of a narcotic drug?      No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Hatrahia Kropman
6. (a) Full name of applicant's father Roger L. Hummel	Ray Konse
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father lower lay lopman (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Fredrick (a) Orado	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) TD(C.)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Suzanne Elizabeth Bart	
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Wisconsin	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X South Burne Date 1-28-91	Signature of Applicant X Paber A. Koopman Date 2-25-
The shows applicant has objected to verifying by eath as affirmation and the state of the state	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS   I swear/affirm that the information given   ss:   in this application is true and correct.	State of Indiana ) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed & Scote Hermel	signed Llobin A. Koopman
New Address breas above	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 25 day of 2, 1971  Muse Clerk of the HENDRICKS Circuit Court
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of
Father ID #	Father ID #
Mother ID #  Subscribed and sworn to before me this day of, 19	Mother ID #  Subscribed and sworn to before me this day of 19
Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
l certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
and Robin A. Koopman	. I further certify that the following marriage certificate was filed in my office:
I, <u>George R. Duncan</u>	(name), certify that on March 23, 1991
(date), atPittsboro	
Scott R. Hummel of Broward  Robin A Koopman of Hendricks	T = 12 = 12
Robin A. Koopman of Hendricks Cou under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ George R. Duncan	
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-91 (date).
the contract of the second of	iigned connie Jawson Clerk
	HENDRICKS Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 25  ORICKS County File 1-30-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No 🗆 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	Nume of Finjoinal Transfer of the Parket of
MALE APPLICANT	FEMALE APPLICANT
Name Charles Middle Chardler Ir.	Name First Middle Last Tre Sher
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) R 3 Box343Clayton IV 46118  Residence Address Street or R.R. City Country State	Place of Birth (State or foreign counting) Residence Address Street or R.R. City County State  Place of Birth (State or foreign counting) Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druces License	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No. Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles A Chardler  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state) Charton Th  Birthplace of father (State or foreign country) Th  (b) Full maiden name of applicant's mother Mary Marie Snow  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Claryton Th  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father CONTRESCE  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state) HESUIVE IN  Birthplace of father (State or foreign country). IN  (b) Full maiden name of applicant's mother Shela Anni-Control  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Anni-Control  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 1-30-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Control Date 1—30—91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date 1 - 30-91	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date 1-30-91
State of Indiana  County of HENDRICKS  Signed Shaw St. Maintie and correct.  New Address Shaw St. Maintie and place of the HENDRICKS  Subscribed and sworn to before me this Both day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed Manua R. Trushill In this application is true and correct.  New Address 3041/2 Shaw St. Plainfield In 46168  Subscribed and sworn to before me this 30 th day of Consumy, 1994  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:
Father	Father ID #
Mother	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	ces and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, CHARLES A. CHANDLER JR.
and MONICA R. TRESNER	I further certify that the following marriage certificate was filed in my office:
(date), at1:30 p.m.	(name), certify that on 2-16-91 in HENDRICKS
CHARLES A. CHANDLER, JR. of HENDRICKS  MONICA R. TRESNER of HENDRICKS Co	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ DONALD S. SMOTHERS  Filed and recorded in accordance with the laws of the State of Indiana on	
and of the state of mataria on_	Lame).

Agus on HENDRICKS

\_ Clerk \_Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No V Yes I If No, Medical Examination or Report Dated 1-18-91 Name of Physician M. K. Neely, M.D.
MALE APPLICANT	FEMALE APPLICANT
Brian Lee Walter	Name Caralyn Sue Gibson
Vear 75	Date of Birth Mogh 12 Day 4 Year 70
esidence Address Stress of R.R. City County State County State County County State County County County County County County State County Coun	Place of Birth (State or foreign country)  Residence Address  State or R. Burning Caught  City Country  Country  Previous Marital Status: Never Married OR No. of Previous Marriages
ot Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Sighth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(a) Full name of applicant's father William Z. Walter (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Brigary & Hicks.  (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Blanche (if adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).  Biana Date 2-1-91  The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.  Pate Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
sate of Indiana  The indiana  T	State of Indiana County of HENDRICKS Signed New Address Signed New Address
abscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and swore to before me this day of , 19 91  **Clerk of the **HENDRICKS** Circuit Court**
ONSENT OF PARENTS, PARENT, OR GUARDIAN  e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte 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
ate of Indiana )	State of Indiana )
unty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	Father ID #
bscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana.
ted, authorizing the marriage of	BRIAN LEE WALTER
CAROLYN SUE GIBSON CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on2_15_91
ate), at <u>DANVILLE</u>	_ in HENDRICKS County, Indiana,
BRIAN LEE WALTER of HENDRICKS	County IN (state), and
CAROLYN SUE GIBSON of HENDRICKS Couder a marriage license that was issued by the Clerk of the Circuit Court of	untyIN (state) were married by me as authorized
gned by:/s/ CYNTHIA J. SPENCE  led and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk HENDRICKS Circuit Court

(state) were married by me as authorized unty, Indiana, dated 2-1-91

Clerk

\_Circuit Court

\_County, Indiana, dated \_

(official designation)

IN HENDRICKS

(date).

, BAPTIST PASTOR

2-14-91

County\_

HENDRICKS

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

ALICIA A. RICHEY

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

	No
HENI	ORICKS County File
	2-1-91
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician & Drannel
C 31-7-3 commits a Class D felony.	
MALE ADDITIONAL	FEMALE APPLICANT
MALE APPLICANT  tame First Middle Last	Name . First Middle Last
Terry M. Mardis	Alicia A. Richey
pale 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
603 Morsha et. apt 47 Patrone IN	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Dicher (Specify) Dr. Liv.
31.0/2	
	No. P.
I. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes  Yes	Are you now or have you ever been adjudged to be of unsound mind?     No Yes  If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
3. (a) Full name of applicant's father James Robert Marchine	6. (a) Full name of applicant's father form Richard Shith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Municipal TO	Residence of father (if deceased, so state).
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Koslyn Monie Skulla	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Alice Runalatty (a)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state). Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir
immune deficiency syndrome). Terry M. Mardis Date 2:1-91	immune deficiency syndrome).  Signature of Applicant Auction Lie Vickly Date 2-1-
Signature of Applicant Date Date	Signature of Applicant College W. McRuy Date 27
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the ab
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
Our distance in the lateral transfer and transfer	State of Indiana ) swear/affirm that the information gi
State of Indiana ) I swear/affirm that the information given County of HENDRICKS ) in this application is true and correct.	County of HENDRICKS ss: in this application is true and corr
Signed X Terry M. Mardis	Signed & lelicia fe Rickys
New Address	New Address 10/0 Steeleday Ct
Subscribed and sworn to before me this day of , 19 9    Ourse A Questa Clerk of the HENDRICKS Circuit Court	Subscribed and sworm to before me this day of, 19 9 \\ Mine Name Clerk of the HENDRICKS Circuit Co
Clerk of the METATICES Circuit Court	Clerk of the Clerk of the Click of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	The part of the party of the pa
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t
County	Court, by written order issued
and filed in, author	izes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	
dated, authorizing the marriage of _	
and ALICIA A. RICHEY	I further certify that the following marriage certificate was filed in my office
I, JOHN C. PARSLEY	(name), certify that on 2-12-91 in HENDRICKS
(date), at PLAINFIELD TERRY M. MARDIS of HOWARD	inHENDRICKS

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HEND	DRICKS County File
	2-4-9/ Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1-31-91 If No, Medical Examination or Report Dated 1-31-91 Name of Physician Many Saple 4. 8.
MALE APPLICANT	FEMALE APPLICANT
Name Figs Middle A Last D	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month - Day Year
12 , 20 7/	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	That, In.
3 40 S. Washendon St. Danaelle In.	Residence Address Street or R.R. Brook Down # State Intole
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married Alor No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Other (Specify)
Maggierrarie Broads 4 mo.	maggie Marie Branke 4 mo.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes   Yes  Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No. Yes   Yes  Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
THE RESIDENCE OF THE PARTY OF T	
6. (a) Full name of applicant's father Daniel a Branks	6. (a) Full name of applicant's father Larry D. Bechtel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Aprille, .	Residence of father (if deceased, so state) Namelle, Jr.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother guelyn T. Stuttle  (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Olapha R. Numb
Residence of mother (if deceased, so state) Osmaelle In.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) 2 - 4-91	immune deficiency syndronia
Signature of Applicant Sumuly for North Date Date Date	Signature of Applicant Releva L. Beckets Date 2-4-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 939 Winding Brook Pkwy #E	Signed Licena L. Bechtol
Subscribed and sworn to before me this 4 day of Feb. 19 91	New Address Same Subscribed and swore to before me this 4 th day of Jeb 1991
Clerk of the HENDRICKS Circuit Court	Cranic Ramson Clerk of the HENDRICKS Circuit Court
COLUMN OF RECEIVE ALEXANDER OF THE PROPERTY OF	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	Parket and the same to the same that the same to the same that the same to the same that the same to the same to the same that the same to
State of Indiana )  County of HENDRICKS SS:	State of Indiana )
FatherID #	County of HENDRICKS
MotherID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-4-91, authorizing the marriage of	DANIEL JOSEPH BROOKS
andDEENA LEE BECHTEL  I,CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on 2-4-91inHENDRICKS
DANIEL JOSEPH BROOKS of HENDRICKS	County IN (state), and
DEENA LEE BECHTEL of MARION Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-4-91
Signed by: /s/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	
decordance with the laws of the state of matana on	(unie).
	Signed langue Lawson Clerk
BOYCE FORMS + SYSTEMS 1-800-380-8702 1477	HENDRICKS Circuit Court

\_Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 Now Yes I If No, Medical Examination or Report Dated Name of Physician Wichael & Booths
	(1) 三共21 (4·10 · 10 · 10 · 10 · 10 · 10 · 10 · 10
MALE APPLICANT	FEMALE APPLICANT  Name First Middle Last .
Name Harry A Middle Roth	Laura T. O'Brien
Date of Birth  Month  Day  Year	9 38 27
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 41224	Residence Address Piret or R.R. City County State  1036 Pire Brownstrung
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sether (Specify) Dr. Hw.	Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
5. List the full names of any dependent children.	Cabriel T., Christopher J., Erica L.
6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information give
Signed X Aury Afrad Kotto  New Address  Subscribed and sworn to before me this day of, 19	County of HENDRICKS  Signed Suura Suura Suura  New Address  Subscribed and sworn to before me this day of transporters  Subscribed and sworn to before me this day of transporters
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 sig state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	County of SS:    Father ID #
Father ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	
County	A marriage license having been refused to the above named parties, to Court, by written order issued
and filed in, author	izes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE  Clark of the Circuit Court of HENDRICKS County, Indiana
dated 2-5.91 authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana HARRY A. ROTH
and LAURA T. O'BRIEN	I further certify that the following marriage certificate was filed in my office
/ MYRON BARNARD	(name), certify that on2_14_91 inMAIRON County, Indiana,
TIADDY A DOMU of MARTON	County IN (state), and
LAURA T. O'BRIEN of HENDRICKS (	County IN (state) were married by me as authoriz
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ MYRON BARNARD	County IN (state) were married by me as authorize of HENDRICKS County, Indiana, dated 2-14-91 (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-19-91 (date).
	Signed James James Cle
	Signed Cle HENDRICKS Circuit Cou

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

30

	2-5-91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No A Yes   If No, Medical Examination or Report Dated  Name of Physician Dr. Hadley
C 31-7-3 commits a Class D felony.	Name of Frigorian
MALE APPLICANT	FEMALE APPLICANT
ame First AMiddle Last	Name . First . Middle . Last
ate of Birth Worth Day Year	Date of Birth Day Month Day No Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
ZN	Residence Address Street of R.R. City County State
esidence Address Street or R.R. City St. Sudpl. State Handrick	a deple to airon M. W. 1801 a
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
rate of birth verified by: A Birth Certificate Other (Specify)	Date of birth verified by: Deirth Certificate Other (Specify)
	THE RESERVE OF THE PARTY OF THE
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?  No ▼ Yes □
. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 💟 Yes 🗆  5. List the full names of any dependent children.
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Arthur & formal	6. (a) Full name of applicant's father Jan M. Howey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Cotty Control Cont	(b) Full maiden name of applicant's mother Many m. Nausura
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) and the
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virtus that causes AIDS (acquired
mmune deficiency syndrome).  Signature of Applicant X Soundley Sourmattal	Signature of Applicant X Muchelle & Adruted Date
signature of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	Clerk of Court
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information given  State of Indiana ) I swear/affirm that the information given  State of Indiana ) I swear/affirm that the information given  I shall a sh
County of HENDRICKS Signed Council B. Council is true and correct.	County of HENDRICKS in this application is true/and correct
New Address	New Address
Subscribed and sworn to before me this day of , 19 9 \	Subscribed and sworn to before me this day of, 19/9
Chris Agus Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Date of Indiana	State of Indiana )
State of Indiana ) County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19Cler
Clerk	
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued ces and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	es and directs the issuance of a marriage incense to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated, authorizing the marriage of	DOUGLAS BENJAMIN LAIRMORE  I further certify that the following marriage certificate was filed in my office:
I, TONY A. JOHNSON	(name), certify that on 2-14-91
	in HENDRICKS County, Indiana,
DOUGLAS B. LAIRMORE of HENDRICKS	County IN (state), and
MICHELLE L. HARVEY of HENDRICKS Co	nunty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 2-19-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/_TONY_AJOHNSON	
Filed and recorded in accordance with the laws of the State of Indiana on	2-19-91 (date).
	Signed Single dansa Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No B If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Robert IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Divorce 1 Annulment Divorce A Last Marriage Ended By: Death Annulment Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 No Yes No 🗆 Yes 🗌 No 🗌 Yes 🗌 No Yes No Yes Are you related to the female applicant closer than second cousin? No Yes No Yes 🗌 No D Yes No- Yes nce of mother (if deceased, so state) Work. Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court HENDRICKS Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued \_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, 2-6-91 dated \_\_ RICHARD R. HILL \_ , authorizing the marriage of \_ DEBRA JO TODD . I further certify that the following marriage certificate was filed in my office: I, JANICE S. CHILEWSKI 2-14-91 (name), certify that on \_\_\_

\_ County, Indiana,

\_(state), and \_

\_ (state) were married by me as authorized

Circuit Court

County, Indiana, dated 2-14-91

HENDRICKS

, CHIEF DEPUTY CLERK (official designation)

\_ (date).

IN IN HENDRICKS

2-14-91

County \_

\_ County \_

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

RICHARD R. HILL

DEBRA JO TODD

(date), at \_\_\_\_

DANVILLE

Signed by: /s/ JANICE S. CHILEWSKI

of HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

HENDRICKS

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No № Yes □ If No, Medical Examination or Report Dated Name of Physician □
MALE APPLICANT	FEMALE APPLICANT
Name Circl Middle Last	Name First Middle Shorth
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
Of Dunded yourseld . 3 101	12R6 Box 287 Denulle
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Wallits &	Date of birth verified by: Birth Certificate Dother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No   ✓ Yes	Are you now or have you ever been adjudged to be of unsound mind?     No
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes □  2. Are you related to the male applicant closer than second cousin?  No Yes □
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No   Yes   3. Are you now under the influence of an alcoholic beverage? No   Yes   Yes
4. Are you now under the influence of a narcotic drug? No X Yes	4. Are you now under the influence of a narcotic drug? No S Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
The K Holling	6. (a) Full name of applicant's father John Michael Smith
6. (a) Full name of applicant's father Land R. Roghman  (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Canalla TO	Residence of father (if deceased, so state) Remules 10
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  She land Smith
(b) Full maiden name of applicant's mother handle for the first adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Randalls Hoffman  Date 2-6-9/	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Date  2-6-6
The 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:  County of HENDRICKS Signed X Randall S Hoffman  New Address	State of Indiana County of HENDRICKS Signed Towns M. Smith application is true and correct New Address
Subscribed and sworn to before me this day of, 19 9 \	Subscribed and swern to before me this day of , 19 91  Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, 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 sign state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )  HENDRICKS SS:
County of HENDRICKS	County of HENDRICKS SS:  Father ID #
FatherID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
THE RESIDENCE OF THE PARTY OF T	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana
and DAWN M. SMITH	I further certify that the following marriage certificate was filed in my office
I, THOMAS PAINO, JR.	(name), certify that on 2-12-91
(date), atINDIANAPOLIS	inMARION County, Indiana, County IN (state), and
DAWN M. SMITH OF HENDRICKS Co	ountyIN(state) were married by me as authorize
Signed by:/S/ THOMAS PAINO, JR.  Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Cler HENDRICKS Circuit Cour
	Circuit Cour

Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS	County	No33
		Date of Application

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

Female Applicant 50	No 🗆	Yes 🗆	1
If No, Medical Examination	on or Report	Dated	
Name of Physician			
the state of the s			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN

MALE APPLICANT	FEMALE APPLICANT
Name Charles David Kilpatrick	Name Angela Middle Stanifer
Date of Birth Month Day Year	Date of Birth O Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
- James	THINDSE Mountle
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 200R No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify ), Liv	Date of birth verified by: DEBirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No   ✓ Yes   ✓	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Rag Paig Sharan
N. atro 1. p. 1 f. 1 atro . X	C. 7. 201.0
6. (a) Full name of applicant's father bod Sum Fulpatrick	6. (a) Full name of applicant's father shares stanif
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only).  Residence of father (if deceased, so state).
Birthplace of father (State or foreign country) TOO 50 OH	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Marie Lands Austra	(b) Full maiden name of applicant's mother Sharon K. Grick
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only).  Residence of mother (if deceased so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date of The Date of	Signature of Applicant Suggest Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I sweat/affirm that the information give
County of HENDRICKS ss: jorthis application is true and correct.	County of HENDRICKS ss: jg this application is true and correct
Signed XCflerille Auflitaick	Signed Augela M Stanfel
New Address  Subscribed and sworn to before me this day of Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me_this
Counter of the HENDRICKS Circuit Court	Three goustin Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, 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 significant state facts which make the consent of the other parent unnecessary
A CONTROL OF THE CONT	state lacts which make the consent of the other parent differences any
State of Indiana ) ss:	State of Indiana )
County of HENDRICAS	County of HENDRICKS ss:
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cier
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office (name), certify that on
(date), at	_ in County, Indiana,
of_	County(state), and
of Co	unty (state) were married by me as authorized
	HENDRICKS County, Indiana, dated (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	SignedClerk
	HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician \_\_\_\_\_

	FEMALE APPLICANT
Phase Tristader Lee LOWSON	Name Cinder Morie Anne Spence
of Birth Month Day Year	Date of Birth O Month Oby Year
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
County State	Residence Address Street or R.R. City County State
idence Address Street or R.R. City County State	6634 Smith St. Pathabour IN
rious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Marriage Ended By: Death Divorce Annulment Date	Thish Cadificate   Other (Specific)
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes
Are you now or have you ever been adjudged to be a second and the second adjudged to be a second and the second	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	6 (a) Full name of applicant's father Descharible Laster Cost
(a) Full name of applicant's father	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Menitoba
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother Sleading Worse Vall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Cottage of Mariana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquin
nune deficiency syndrome).	Signature of Applicant Cuady Coules Date
gnature of Applicant Date	Signature of Applicant Date
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
e above applicant has objected to verifying by bath of animation of organization and the second seco	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information gives
ate of Indiana ) I swear/affirm that the information given	HENDRICKS SS:
ounty of in this application is true and correct.	County of RENDERS Signed & Candy Coales Spence
Signed	New Address
New Address	Subscribed and swore to before me this day of , 19
	Clark of the HENDRICKS Circuit Co
	Clerk of the HENDRICKS Circuit Co
ubscribed and sworn to before me this day of, 19	CHER OF THE CHER OF THE
ubscribed and sworn to before me this day of, 19	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Clerk of the HENDRICKS Circuit Court  CNSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant, hereby give consent for this marriage.
ubscribed and sworn to before me this day of, 19	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants which make the consent of the other parent unnecessary  State of Indiana
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  ID #
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  ID #
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 19
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 10 #  Court, by written order issued 10 the above named parties, to the above named parties and directs the issuance of a marriage license to the above named parties.
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 10 #  Court, by written order issued 10 the above named parties, to 10 the 10 t
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants state facts which make the consent of the other parent unnecessary  State of Indiana  County of
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants which make the consent of the other parent unnecessary  State of Indiana  County of
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 10 #  Court, by written order issued  Court, by written order issued lizes and directs the issuance of a marriage license to the above named parties is and directs the issuance of a marriage license to the above named parties.  If urther certify that the following marriage certificate was filed in my office (name), certify that on
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 19  Court, by written order issued 10  izes and directs the issuance of a marriage license to the above named parties. If further certify that the following marriage certificate was filed in my office (name), certify that on County, Indiana,  County, Indiana,  County, Indiana,  County, Indiana,
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued Izes and directs the issuance of a marriage license to the above named parties izes and directs the issuance of a marriage license to the above named parties.  If urther certify that the following marriage certificate was filed in my office (name), certify that on County, Indiana,  County (state), and
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father  Mother  Subscribed and sworn to before me this day of 1D #  Court, by written order issued 1cense to the above named parties, to 10 #  IZES and directs the issuance of a marriage license to the above named parties and directs the issuance of a marriage license to the above named parties.  ISE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS  County, Indiana  (name), certify that the following marriage certificate was filed in my officing in County.  County (state), and
Clerk of the	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued Izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the issuance of a marriage license to the above named particular izes and directs the izes

COM

and f

(date), at\_

DEE ANN HARNER

INDIANAPOLIS

NEIL M. NORHEIM

CHRISTOPHER L. O'Brien

DEE ANN HARNER

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	DRICKS County File
	2-7-9/ Date of Application
IC 21 7 0 4 Fundable of the last section and the fall lines	
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐  If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Of First Maybe 1 Last 81 48	Name A First Middle 7 Last
Date of Birth Month Day 2 4 Year 12	Date of Birth Month Day Year 2
Place of Birth (State or foreign of Other)	Place of Birth (State or foreign country)
Residence Address Street or R. City (County) Sup A. (	Residence Address   Street or R.R. City Squarity   State
510 Charlestone Ha. Pluffeld, In	1850 Schwer Mr. Indpla,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Dirth Certificate Other (Specify) Nualis Tec	Date of birth verified by: Saigh Certificate Sother (Specify) Treates Ricease
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?  No results to the female applicant closer than second cousin?  No results to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  Note: Yes:	Are you related to the male applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No 1 Yes  Yes
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye
5. List the full names of any dependent children.	5. List the full names of any dependent children.
11 0 10 10	
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father General Speech Tha
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only).  Residence of father (if deceased, so state).
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (b) (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) The fields	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disea
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome).
Signature of Applicant Date 7 F-49	Signature of Applicant Down How Date 0-7-5
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the ab-
acknowledgment because of religious beliefs.  Clerk of Court	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information gi
County of HENDRICKS in this application is true and correct.  Signed	County of HENDRICKS in this application is true and corn
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Officer Court	Clerk of the RENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary
State of Indiana	
State of Indiana ) County of HENDRICKS ss:	State of Indiana )  County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me thisday of19	Mother ID #
Clerk	Subscribed and sworn to before me thisday of, 19CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties

under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_ Signed by: /s/ NEIL M. NORHEIM (official designation) 3-6-91 Filed and recorded in accordance with the laws of the State of Indiana on\_ HENDRICKS Clerk

County.

\_ County \_

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

HENDRICKS

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

(name), certify that on \_\_\_\_\_\_\_3-2-91

County, Indiana,

\_(state), and

(state) were married by me as authorized

(name), certify that on \_ MARION

IN

İn

County, Indiana,

Circuit Court

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_\_\_\_\_, authorizing the marriage of \_\_\_\_\_\_\_CHRISTOPHER LELAND O'BRIEN

MARION

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated Name of Physician / Urlsan / Ut Agaille William
MALE APPLICANT	FEMALE APPLICANT
Name Frist K Middle Siegumoto	Name First R. Middle Powell Last
Date of Birth Month Day Year 1951	Date of Birth Month Day Year 57  Place of Birth (State or foreign country)
Residence Address  Street or R.R.  State  County  County  State  Previous Marital Status: Never Married   OR No. of Previous Marriages	Residence Address Street of A.R. City Placin field State  Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1979	Last Marriage Ended By: Death Divorce Annulment Date 1900
Date of birth verified by:   Birth Certificate   Definer (Specify)   Dr. Historia	Date of birth verified by: Sirth Certificate 4 Other (Specify) Dr. Agrinse
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a narcotic drug?  No Yes   Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children Theology Rene Pourelf  Transf Joseph Fourelf  Expression of the control of th
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	6. (a) Full name of applicant's father Surface Selection (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Assermance (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
Signed  New Address  New Address  Aday of HENDRICKS  Signed  New Address  Aday of HENDRICKS  Subscribed and sworn to before me this  HENDRICKS  Aday of HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed Linia R found in this application is true and correct.  New Address 250 M. East St. Plainfield Subscriped and sworn to before me this T day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
county of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Another ID # Subscribed and sworn to before me this day of , 19	Father   ID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
lated, authorizing the marriage of andTINA R. POWELL	I further certify that the following marriage certificate was filed in my office:
JOHN HESSELDENZ	(name), certify that on 2-14-91
	_ inMARION
MITAIN D. DOLLER.	IN (state) were married by me as authorized  HENDRICKS County, Indiana, dated 2-7=911
Filed and recorded in accordance with the laws of the State of Indiana on	
OYCE FORMS + SYSTEMS 1-800-M62-8702 1477	Signed Clerk HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50	No 🗆	Yes 🔊	
If No, Medical Examination	n or Repo	rt Dated	
Name of Physician	The latest to		

MALE APPLICANT	FEMALE APPLICANT
Name Elmo Middle Jaggers	Name First Middle Last
Date of Birth Month Day	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address ( Street or R.R. City County State	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State  County State	Residence Address Street or R.R., City County State  11315 12. Washington Apt. 24
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate AOther (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
Date of birth verified by: Sirth Certificate Higher (Specify)	Date of birth verified by: Birth Certificate DiOther (Specify)
Are you now or have you ever been adjudged to be of unsound mind?      No     Yes      No     Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is "the "the adjudged to be of unsound mind?"  No So Yes   Heading is the adjudged to be of unsound mind?"  No So Yes   Heading is the adjudged to be of unsound mind?"  No So Yes   Heading is the adjudged to be of unsound mind?  Heading is the adjudged to be of unsound mind?  Heading is the adjudged to be of unso
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes   ✓	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No V. Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Earle. Jaggers	6. (a) Full name of applicant's father Land & Way
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Blossay Hester	(b) Full maiden name of applicant's mother Joseph M. Barrar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
	Simples of motion (date of horigin country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X 6 Miles 6. Forgontal V	Signature of Applicant & Sharin M Constant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court  Date
Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.  Signed Shawe Connection
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the RENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS	County of HENDRICKS SS:
Father ID # ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above hamed parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and SHARON M. CONNER	I further certify that the following marriage certificate was filed in my office:
I, MITCHELL L. CHEATHAM	(name), certify that on3-1-91
	_ in PUTNAM County, Indiana, County IN (state), and
SHARON M. CONNER of HENDRICKS Con	untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-1-91
Signed by:/s/ MITCHELL L. CHEATHAM  Filed and recorded in accordance with the laws of the State of Indiana on	
in accordance with the tarks of the state of matana on	The state of the s
	Signed Some form Clerk
BOYCE FORMS + SYSTEMS 1-800-380-8702 1477	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

38

	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1-23-9/ If No, Medical Examination or Report Dated 1-23-9/ Name of Physician Allen Wilher, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First , Middle A Last A	Name First Middle Lag
Date of Birth Month Day Year	Date of Birth Month 1 Day Year 12
Place of Birth (State or foreign Country)	Place of Birth (State or foreign country)
Residence Address 1 Street or R.B. 1 City (County State Of Off	Residence Address Street or R.R. Con County State
3775 Flara Vista ane #302 Santa Clars	449 Murphy In. Brimshing
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Brief Manney Brestom 4ms.	10/10/2000 1000
- Name of the state of the stat	Are you now or have you ever been adjudged to be of unsound mind?  Note: Yes:   es:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Yes:   Ye
Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes ☐  If answer is "yes," has the adjudication been removed?     No ✓ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
0.1.4	0 0 10.
6. (a) Full name of applicant's father Michael Slange Brostrom	6. (a) Full name of applicant's father deray James Teller
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Culture Birthplace of father (State or foreign country) Mineness Law	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Kais Garlene Pippin	(b) Full maiden name of applicant's mother dralyn glan had
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Distriplace of mother (State or loreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Wayne Moder Date 2-11-91	Signature of Applicant Sulfating M. Follows Date 2/11/91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS Signed Square Bout in this application is true and correct.	County of HENDRICKS ss: oin this application is true and correct.
New Address SAME	New Address 3173 Flora Vista 7302, Santa Clara CA
Subscribed and sworn to before me this 11-14 day of FEB , 19 91	Subscribed and sworp-to before me this 11th day of February . 19 91
Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana )  County of HENDRICKS ss:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	county, mataria,
and KATHRYN MARY KLEIN	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on 2-16-91
(date), at BROWNSBURG  DAVID M. PROCEEDOM OF SANITA CLARA COLINITY	in HENDRICKS County, Indiana, County CA (state) and
DAVID W. BROSTROM of SANTA CLARA COUNTY  KATHRYN MARY KLEIN of HENDRICKS Co	County CA (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-11-91
Signed by: /s/ DENNIS L. DODOSN	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-20-91 (date).
	Come of the state
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	Circui Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No D Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Farm Fur IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Divorce D Annulment Last Marriage Ended By: Lucines No Yes No D Yes 🔲 No 🗆 Xes 🗆 No 🗆 Yes 🗆 No Ves D No D Yes 🗌 No 🗓 yes □ No D Yes 🗌 No D Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_ State of Indiana I swear/affirm that the information given PLAINFIELD, IN HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana,

(date).

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

2-16-91

County, Indiana,

(state), and \_

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

(official designation)

(state) were married by me as authorized

BRET R. GRUENER

County .

, PASTOR

County.

PARKE

2-19-91

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

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

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

2-11-91

and \_\_\_ CHRISTA ANN RICHMOND

I, DAVID W. STONE

(date), at \_\_\_\_ROCKVILLE

CHRISTA ANN RICHMOND

Signed by: /s/ DAVID STONE

BRET R. GRUENER

### STATE OF INDIANA

Indiana State Board of Health under Authority of IC 31-7-3  APPLICATION FOR MARRIAGE LICENSE  No. 40		
HEND	RICKS County File	
	Date of Application	
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Section 19 Yes If No, Medical Examination or Report Dated  Name of Physician Section 19	
THE REPORT OF THE PARTY OF THE PARTY OF THE PARTY.	FEMALE APPLICANT	
Name First Middle Last	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	Date of Birth  Day  Year  Place of Birth (State or foreign country)  Residence Address  Street or R.R. 9  City County  State  O 2 Dehand R. Shandle, July	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Girth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	
6. (a) Full name of applicant's father Mullen Regarding (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Research Residence of mother (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Set of the full name of applicant's father (if adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)  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  ACKNOWLEDGMENT  Level August 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Date	
The 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 Signed Saul Revera Heyer  New Address	State of Indiana  County of HENDRICKS  Signed  New Address	
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary	
State of Indiana   )	State of Indiana   )     SS:	
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19Cler	
	A marriage license having been refused to the above named parties, the Court, by written order issued	
and filed in, authoriz	tes 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 Clated, authorizing the marriage of	SAULL R. REYES	
I,CYNTHIA J. SPENCE	. I further certify that the following marriage certificate was filed in my office.  (name), certify that on2-14-91	
(date), atDANVILLESAULL R. REYESofHENDRICKSCHAR E. LUKENof HENDRICKSCO	in HENDRICKS County, Indiana,  County IN (state), and IN (state) were married by me as authorized	
CHAR E. LUKEN of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ CYNTHIA J. SPENCE	(state) were married by me as authorized	

(date).

HENDRICKS

\_ (official designation)

Clerk \_Circuit Court

, <u>1ST DEPUTY CLERK</u> 2-14-91 (a

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Clerk

\_Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1911 If No, Medical Examination or Report Dated 2-591 Name of Physician 1911 Physici
MALE APPLICANT	FEMALE APPLICANT
Name Last Middle Markley	Name Glasia Sue Middle Miller
Date of Birth Month / Day / S Year ///	Date of Birth Month Day 2 3 Year 4.5
Place of Birth (State or foreign county)	Place of Birth (State or foreign @untry)
Thoses, In.	Basidance Address Street of R.R. A Burly State /
Residence Address Street of R. Street of R. Brannslurg, In.	48 Treadely Ct Brawsburg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1987
N' D.	Date of birth verified by: Birth Certificate Sother (Specify) Drans Lie.
Date of birth verified by: Birth Certificate Other (Specify) Ougus Tee	Date of offill refined by. Continued and Coppetity National account
Are you now or have you ever been adjudged to be of unsound mind?  Note  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Y	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  Yes  Yes
NAME OF THE PARTY	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic beverage?      Are you now under the influence of a narcotic drug?  Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
D. 0 m 0	6. (a) Full name of applicant's father John Francis Inm
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state). Olsewed
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lavetta Plaul Sarge	(b) Full maiden name of applicant's mother select hours de
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	birmpiace of mother (state of foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sizes for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before the this  Cierk of the  Cierk of the  HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signature State of Indiana  County of HENDRICKS  Signature State of Indiana  Ss: in this application is true and correct in this application is true and correct of the HENDRICKS  Subscribed and sworn to before me this 14 day of HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
County	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICEN  I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of,	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,  LARRY MORLEY
and GLORIA SUE MILLER	I further certify that the following marriage certificate was filed in my office
I, RAYMOND E. NEW	(name), certify that on2-14-91
(date), at CROSS ROADS UNITED METHODIST CHURCH	in HENDRICKS County, Indiana,
LARRY MORLEY of HENDRICKS	_ County IN (state), and
GLORIA SUE MILLER of HENDRICKS C	County IN (state) were married by me as authorized  ### County, Indiana, dated
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ RAYMOND E. NEW	County, Indiana, dated 2-14-91  MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-25-91 (date).

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Annulment Last Marriage Ended By: Divorce Divorce X Last Marriage Ended By: Death No X Yes Yes 🗌 No 🗌 Yes 🗌 Yes 🔲 No Yes 🔲 Yes 🗌 Are you related to the female applicant closer than second cousin? No Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court HENDRICKS Must pursual Clerk of the Clerk of the\_ CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued \_ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ , authorizing the marriage of \_\_\_\_\_\_BRIAN S. DILLOW TAMMIE J. JONES . I further certify that the following marriage certificate was filed in my office: (name), certify that on \_\_\_\_\_2-14-91 I. CYNTHIA J. SPENCE DANVILLE in HENDRICKS \_ County, Indiana, BRIAN S. DILLOW HENDRICKS County \_\_\_\_ \_(state), and \_ HENDRICKS TAMMIE J. JONES IN \_ (state) were married by me as authorized HENDRICKS

\_County, Indiana, dated \_

(date).

\_ (official designation)

Circuit Court

. 1ST DEPUTY CLERK

2-14-91

under a marriage license that was issued by the Clerk of the Circuit Court of

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

Signed by: /s/ CYNTHIA J. SPENCE

Circuit Court

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	ORICKS County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 19 19 19 19 19 19 19 19 19 19 19 19 19
MALE APPLICANT	FEMALE APPLICANT
Name Jamies To Midgle of Klith	Name Trickille Phildle That Theirage
Date of Birth Day 22 Year 44	Date of Birth Month / / Day 2 4 Year 51
Place of Birth (State or foreign country)  Menor: Manuscilla TA)	Place of Birth (State or foreign country)
Residence Address   R Street or Rs O   F City County   State	Residence Address # Streeting R.R. City Strill State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Diyorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1990
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Orinicis Lie.
	Circulate acc.
Are you now or have you ever been adjudged to be of unsound mind?  Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind?  Not Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  No ✓ Yes ☐  3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  Note The second cousin?  Yes The second cousin?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	~ 2/ 11/
6. (a) Full name of applicant's father pour toward weth	6. (a) Full name of applicant's father Dauglas Narula Rus
(If adopted, list adoptive pare so only).  Residence of father (if deceased, so state). Pattabase. In	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) Belding Mi
Birthplace of father (State or foreign country	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother qualithan abbat	(b) Full maiden name of applicant's mother Natalie Abrana
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state).  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applican James David Suth Date 2-14-9/	immune deficiency syndrome).  Signature of Applicant Muchalla Rone Keisen Date 2/14/6
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information give
County of HENDRICKS Signed James David Berth XI.	County of HENDRICKS, ss: in this application is true and correct Signed Wichelle Rence Reserve
New Address Same	New Address Same
Subscribed and sworn to before me this	Subscribed and sworn pobefore me this 14 and day of 266, 19 91
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )  HENDRICKS SS:
County of HENDRICKS  Satisfactory  HENDRICKS  D #	County of
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authoriz	es and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	
,	. I further certify that the following marriage certificate was filed in my office
, JANICE S. CHILEWSKI	(name), certify that on2-1491
(date), atDANVILLE	in HENDRICKS County, Indiana,
JAMES DAVID KEITH, JR. of HENDRICKS  MICHELLE RENEE' KEISER of HENDRICKS Co.	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-14-91
Signed by: /s/ JANICE S. CHILEWSKI Filed and recorded in accordance with the laws of the State of Indiana on	CHIEF DEPUTY CLERK (official designation)

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

44

HENDI	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes   If No, Medical Examination or Report Dated  Name of Physician April 1
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Lest	Name Patricia, Le Aire Holmes
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 B.R. City County State	Residence Address Street or R.R. City County State
Dime >	402 S. Dermeser Danuelle
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married POR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate QOther (Specify) Dr. Lie	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  No Yes  Yes  Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes
4. Are you now under the influence of a narcotic drug? No Yes State the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Ves   S. List the full names of any dependent children.
5. List the full frames of any dependent officient.	
trade la la de la companya della companya de la companya della com	CONNER 3 0. 1.19
6. (a) Full name of applicant's father Sterse Columbia What  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Danille TO
Birthplace of father (State or foreign country) Costesyelle The	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother when the description of the description (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 12000 (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant  Steven  M. Junt  Date 2/14/91  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	Signature of Applicant Date Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed X Steven 1, 1 swear/affirm that the information given in this application is true and correct.  New Address  Subscribed and sworn to before me this	State of Indiana  County of HENDRICKS  Signed Patricia L Hong in this application is true and correct.  New Address  Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of theHENDRICKSCircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana ) SS:
County of HENDRICKS ss:	County of HENDRICKS
Father ID #	Father
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-14-91, authorizing the marriage of	STEVEN MICHAEL TRENT  I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on2-14-91
(date), at DANVILLE	_ inHENDRICKS County, Indiana,
	County IN (state), and punty IN (state) were married by me as authorized
PATRICIA LE AIRE HOLMES HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-14-91
Signed by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-14-91 (date).
	Signed Some Town Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA

APPLICATION FOR	MARRIAGE LICENSE
HEND	ORICKS County File
	2-15-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 1 Yes  If No, Medical Examination or Report Dated  Name of Physician   Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First A Middle R Last	Name First — Middle , Mast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married A OR No. of Previous Maritages	Previous Marital Status: Never Married OOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Dr. ofter.	
Are you now or have you ever been adjudged to be of unsound mind?     No   ▼es   Yes    Yes	Are you now or have you ever been adjudged to be of unsound mind?     No ☑ Yes □
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No is Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
× 20 × 2	B
6. (a) Full name of applicant's father Sungai Bunkert  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Collect Mulls G. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Per york, New York	Residence of father (if deceased, so state) Levas Houston
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (b) Full maiden name of applicant's mother	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Karsen S. Deut
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) 19000000000000000000000000000000000000
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant \\ \rightarrow COO \\ \Dim\lambda \text{Dim\lambda \text{UM}} \\ \text{Date} \\ \text{Date}	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  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   I swear/affirm that the information given in this application is true and correct.  Signed Scott Burkert	State of Indiana County of HENDRICKS Signed Signed  State of Indiana I swear/affirm that the information given in this application is true and correct.
New Address  Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this
Territe & pursiciter of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana ) se:	State of Indiana )
County of HENDRICKS Ss:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
The state of the s	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and LORY J. MILLS	I further certify that the following marriage certificate was filed in my office:
I, STEPHEN WHITE (date), at PLAINFIELD	in (name), certify that on 2-23-91
SCOTT A. BURKERT of HENDRICKS	County IN (state), and
LORY J. MILLS of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	untyIN (state) were married by me as authorized  HENDRICKS County, Indiana, dated 2-23-91

, MINISTER

2-26-91

County, Indiana, dated 2-23-91

Clerk

\_Circuit Court

(official designation)

(date).

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

C 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No ☐ Yes ☐  If No, Medical Examination or Report Dated  Name of Physician
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
tame First Middle Last	Name D
Date of Birth Mogth Day (Year	Date of Birth Month Day Year
1 29 87	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	TD
Residence Address Street or R.R. City County State  420 200 200 200 200 200 200 200 200 200	Residence Address R Street or R.R. City County State
, and the same of	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) M. Lw.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  Yes   If answer is "yes." has the adjudication been removed?  No   Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No 12 Yes   Yes   Yes   Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. That Johnson
- 10 and 8 8 mil	6 (a) Full name of applicant's father Witton Rearl Ennest
6. (a) Full name of applicant's father halls to english the standing parents only	6. (a) Full name of applicant's father With New York (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Westy Suraley	(b) Full maiden name of applicant's mother Magazet, Moore
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Signe	State of Indiana  County of HENDRICKS SS:  Signed Liefelles M. Schengel
New Address Subscribed and sworn to before me this day of , 19 9	New Address  Subscribed and sworp to before me-this day of day of 19 1
Subscribed and sworn to before me this day of, 19	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	Cran of Indiana
State of Indiana )  County of HENDRICKS SS:	State of Indiana ) County of HENDRICKS Ss:
Father ID #	FatherID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued case and directs the issuance of a marriage license to the above named parties.
	The second secon
	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of,	
	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on
	in HENDRICKS County, Indiana,
THOMAS R. ENGLISH of HILLSBOROUGH	_ County FI (state), and
PHYLLIS M. SCHLEGEL of HENDRICKS C	ounty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 2-20-91
Signed by: /s/ WILLIAM R. CLAYTON	, _PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-20-91 (date).
	2
	Signed Morre Duran Clerk

Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50	No 🖾	Yes 🗆 2 11= 2
If No, Medical Examinat	ion or Report	Dated 2-15-91
If No, Medical Examinat Name of Physician	siria m	Magoner

MALE APPLICANT	FEMALE APPLICANT
Name Gullery First Scotle Last Palier	Name Gade First Uslinda Huard Stuard
Date of Birth Day 21 1968	Date of Birth Annual Month 2 Day 10 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street or B.R. / / City County)/ State?	Residence Address Street or R.R. ( Sity , County / State
500 Indiana ax at 202 Coloaraiso Porter, In	Residence Address. Street or R.R. Danville, Hundricks, State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
( 0 : 1/1	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Whith MULLIS AUCUSE
I. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?  No    Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?  No  Yes  List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes   List the full pages of any dependent children
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Romadol Your Palin	One Produll Stund
	6. (a) Full name of applicant's father years and
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only).  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fatricia anne Netskon	(b) Full maiden name of applicant's mother Clara Lynne Ford
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)
mmune deficiency syndrome).  Signature of Applicant Suffrey D. Falin Date 2/15/91	immune deficiency syndrome).
Signature of Applicant Jeffrey D. Palin Date 2/13/9/	X Signature of Applicant Vade 1. Oluar St. Date 2-13
The above applicant has objected to visit in his path as affirmation as signature to the above	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs.
Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
	The state of the s
State of Indiana ) I swear/affirm that the information given	State of Indiana ) / ss: / / swear/affirm that the information give
County of HENDRICKS I in this application is true and correct.	County of HENDRICKS in this application is true and corre
New Address 500 INDIANA AVE APT. 202 VALPARAISO IN.	X Signed Tade f. Thursd New Address Same
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk of theHENDRICKSCircuit Court	Clerk of theCircuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana )	State of Indiana )
county of	County of HENDRICKS ss:
ather ID #	Father ID #
lother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clear	
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, th  Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County, authorize  RETURN OF MARRIAGE LICENSE	A marriage license having been refused to the above named parties, the Court, by written order issued ces and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County, authorize  RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cl	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana
complete if Marriage License issued by Order of Court.  County	A marriage license having been refused to the above named parties, theCourt, by written order issued  es and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  lerk of the Circuit Court of
complete if Marriage License Issued by Order of Court.  County	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Werk of the Circuit Court of HENDRICKS County, Indiana JEFFREY SCOTT PALIN  I further certify that the following marriage certificate was filed in my office.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana JEFFREY SCOTT PALIN  1 further certify that the following marriage certificate was filed in my office (name), certify that on 3-16-91
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana JEFFREY SCOTT PALIN  1. I further certify that the following marriage certificate was filed in my office (name), certify that on 3-16-91  1. MARION County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Clated  JADE VALINDA STUARD  JOHN P. ROOF  date), at	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana JEFFREY SCOTT PALIN  I further certify that the following marriage certificate was filed in my office (name), certify that on 3-16-91  in MARION County, Indiana,  County IN (state), and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the Court, by written order issued sees and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana JEFFREY SCOTT PALIN  1. I further certify that the following marriage certificate was filed in my office (name), certify that on 3-16-91  in MARION County, Indiana,  County IN (state), and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Clated  JADE VALINDA STUARD  JOHN P. ROOF  date), at  INDIANAPOLIS  JEFFREY S. PALIN  JADE V. STUARD  JADE V. STUARD  of HENDRICKS  county  nd P. ROOF  date), at  JADE V. STUARD  of HENDRICKS  county  county  nd P. ROOF	A marriage license having been refused to the above named parties, the Court, by written order issued sees and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indianal JEFFREY SCOTT PALIN  I further certify that the following marriage certificate was filed in my office (name), certify that on 3-16-91  in MARION County, Indiana,  County IN (state), and  punty IN (state) were married by me as authorized to the above named parties.  County, Indiana, dated 3-16-91  Episcopal Priest (official designation)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Clated  JADE VALINDA STUARD  JOHN P. ROOF  date), at  INDIANAPOLIS  JEFFREY S. PALIN  JADE V. STUARD  JADE V. STUARD  of PORTER  JADE V. STUARD  of HENDRICKS  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  country  country  country  country  nd Porter  JADE V. STUARD  of HENDRICKS  country  co	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana JEFFREY SCOTT PALIN  I further certify that the following marriage certificate was filed in my office (name), certify that on 3-16-91  in MARION County, Indiana,  County IN (state), and  punty IN (state) were married by me as authorized the county in the coun
County	A marriage license having been refused to the above named parties, to Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	The season directs the issuance of a marriage license to the above named parties of the AND MARRIAGE CERTIFICATE  Search of the Circuit Court of

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND.	DRICKS County File
	Aut. 15 1991 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated Name of Physician Stephane Willways, Ind.
MALE APPLICANT	FEMALE APPLICANT
ame Prist Middle Al. Last	Name First Edith Middle 4 (4nne Last H)
ate of Birth Day Year Day	Date of Birth Month Day Year 10/2
face of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. County County State	Residence Address Stregtor R.R. City County O State
3820 Jundawn are, Esternati Ch	4, 3830 Lensdowne are, Cercinnati, Oh
ovious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OP No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dotter (Specify)  Activities Colonia
ariver lle.	
Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
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  Yes	2. Are you related to the male applicant closer than second cousin?  No Yes  3. Are you now under the influence of an alcoholic beverage?  No Yes  Yes
Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	Manuel Lee Hence
(a) Full name of applicant's father Philip C. Hicky	6. (a) Full name of applicant's father William Walter Hence
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Adults Hill A	Residence of father (if deceased, so state) Kancho, Lucarnorga
(b) Full maiden name of applicant's mother Many Character Bull	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother.  **Mellinger**  **Birthplace of father (State or foreign country)  **Birthplace or father (State or foreign country)
(If adopted, list adoptive parents only) fautosuille Ry-	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state). As classed
Birthplace of mother (State or foreign country). Renductive	Birthplace of mother (State or foreign country) Kentucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Bandy H W 16 2-15-91	immune deficiency syndrome). Clith Lynne Hinespate 2-15-91
Ignature of Applicant Date 275 7	Signature of Applicant County Synne The Date 2 15
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
tate of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
county of HENDRICKS  Ss. M 7/1 in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 4262 Blancy Cint. 0H 45237	New Address 42 62 Blands, Cent. OA 45237
ubscribed and sworn to before me this	Subscribed and sworn to before me this
STALL FULLSKY Clerk of the HENDRICKS Circuit Court	Connul James Clerk of the HENDRICKS Circuit Court
NUCLUI OF PURPLUE PURPLUE PURPLUE	
ONSENT OF PARENTS, PARENT, OR GUARDIAN  le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
atte facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana ) sunty of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
ther ID #	Father ID #
otherID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
nted, authorizing the marriage of adEdith Lynne Hines	Barry G. Hickey  I further certify that the following marriage certificate was filed in my office:
Andrea H. Leininger	(name), certify that on March 23, 1991
ate), at Brownsburg	in Hendricks County, Indiana,
Barry G. Hickey of Hamilton Edith Lynne Hines of Hamilton Co	County Indiana (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorized  HENDRICKS County Indiana dated 3-23-91
ligned by: /s/ Andrea H. Leininger	Minister (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	4-29-91 (date).
	Signed Orme Clerk HENDRICKS Circuit Court
DYCE FORMS + SYSTEMS 1-800-382-9702 1477	HENDRICKS Circuit Court

JOHN CALDWELL

GREGORY A. EARNEST

under a marriage license that was issued by the Clerk of the Circuit Court of

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

TAMMIE L. CROOKS

Signed by: /s/ JOHN CALDWELL

(date), at \_\_INDIANAPOLIS

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

2-20-91 **HENDRICKS** County Date of Application Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician James Olack IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Earnest Indianapolis Previous Marital Status: Never Married Divorce 🔲 Annulment Death Divorce Date of birth verified by: Birth Certificate Dother (Specify) Drivers License Date of birth verified by: Birth Certificate Other (Specify) Drivers License Yes 🗌 Yes 🗌 No X Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Net Yes 🗌 No Yes No Yes 🔲 No Yes 🗌 moks 6. (a) Full name of applicant's father bille to Earnest 6. (a) Full name of applicant's father LYNN LEO CYOOKS (if deceased, so state) Into ce of father (if deceased, so state) Trolicence tather (State or foreign country) Tradiana
ame of applicant's mother Brenda Danlere Lanham te of father (State or foreign country) ne of applicant's mother Glenda Kay Alexander ice of mother (if deceased, so state) Indiana Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country) Tratiana Birthplace of mother (State or foreign country) I-MIGTA **ACKNOWLEDGMENT** that I have received information regarding dangerous comm The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above nowwon I swear/affirm that the information given I swear/affirm that the information given State of Indiana State of Indiana in this application is true and correct. in this application is true and correct. x Signed Gregory a Carnest
New Address 40 2 W. Main Danville, × Signed Jamenie maine Danville, In acon day of February, 19 91 day of tebruary , 19 Cul HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS \_ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 2-20-91 GREGORY A. EARNEST , authorizing the marriage of \_ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on \_\_\_\_\_\_3-9-91 TAMMIE L. CROOKS

(name), certify that on \_ MARION

IN

County \_

, PASTOR

3-12-91

County

HENDRICKS

County, Indiana,

(state), and

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

(date).

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

## STATE OF INDIANA

Indiana State Board of Health under Authority of IC 31-7-3	MARRIAGE LICENSE
HEND	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes  If No, Medical Examination or Report Dated  Name of Physician Robert Daille
MALE APPLICANT	FEMALE APPLICANT
Name P First Middle R Last	Name Porri Middle Kelly
Date of Birth Month Day Year	Date of Birth Month Day Year
Diseased Black (Chair or Inspire)	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	(AZ
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Marrieo OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Lasi Marriage Erioto By.	
Date of birth verified by: Birth Certificate Other (Specify) D. Justines.	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No   ✓ Yes  ✓	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   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  Yes	
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of an arcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
2 . P. P. 1	6. (a) Full name of applicant's father Wichael B. Kelly
6. (a) Full name of applicant's father Comes B. Read  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Blug TO
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother the applicant's mother the applicant's mother the applicant's mother the applicant is a second or the applicant is a s	(b) Full maiden name of applicant's mother Masses of 1 1970a.
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 2/20/91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed In this application is true and correct.  New Address  Subscribed and sworn to before me this John day of John 199	State of Indiana County of HENDRICKS Signed Signed About A County of Mew Address Subscribed and sworn to before me this About A County of Mew Address Subscribed and sworn to before me this About A County of Mew Address
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 significant state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS Ss:	County of
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # ID ID # ID ID # ID ID # ID
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworld to belone the tills
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t
	Court, by written order issued zes and directs the issuance of a marriage license to the above named partie
	SE AND MARRIAGE CERTIFICATE  There of the Circuit Court of HENDRICKS County Indian
I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	
and BARRI L. KELLY	I further certify that the following marriage certificate was filed in my office
I, WILLIAM J. BROWN	(name), certify that on2-23-91
(date), atPITTSBORO ofHENDRICKS	inHENDRICKSCounty, Indiana,
LITOIUM DI CUITO	ounty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 2-23-91
Signed by: /s/ WILLIAM J. BROWN  Filed and recorded in accordance with the laws of the State of Indiana on_	, MINISTER (official designation) 3-5-91 (date).

Signed .

\_ Clerk \_Circuit Court

BOYCE FORMS . SYSTEMS 1-800-362-6702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

\_Clerk \_Circuit Court

	2-20-91
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes  1  If No, Medical Examination or Report Dated 2-14-91  Name of Physician James Letters
MALE APPLICANT	FEMALE APPLICANT
Name Martin Edward Eckert  Date of Birth State or foreign country)  Place of Birth (State or foreign country)	Name  Place of Birth (State or foreign country)  Name  First.  Middle  Hayle  Welver  Year  79  9
Residence Address 1107 Valley View Dr. 1, Clausfield, Headricks, State Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address, Street or R.R. Orly County State  1107 Yalley View Orl Reflect Rendricks State  Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Nivere License	Date of birth verified by: Birth Certificate Tother (Specify) Priver Siens
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Savry Well Andley (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Marlottle gassing (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Acta Yom Mutthage  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Acta Your  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	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui 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	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Address  New Address  Subscribed and sworn to before me this Clerk of the HENDRICKS  Circuit County  Circuit Cou	State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  I swear/affirm that the information give in this application is true and correspond to the interest of the HENDRICKS  Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 sig state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ) Satisfies State of Indiana ) State of Indiana (Indiana Indiana I	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #
MotherID #	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cladated 2-20-91, authorizing the marriage of	EE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana MARTIN EDWARD ECKERT
andJANELLE KAYE WEBER	I further certify that the following marriage certificate was filed in my office (name), certify that on3-9-01
(date), atMT_AUBURN_U_M_C.	in JOHNSON County, Indiana,
JANELLE KAYE WEBER of HENDRICKS Co	County IN (state), and unty IN (state) were married by me as authorize  HENDRICKS County Indiana dated 2.0.01
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:  /S/ CHARLES A. BERDEL.  Filed and recorded in accordance with the laws of the State of Indiana on.	

Form Prescribed By Indiana State Board of Heather Authority

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	ORICKS County File
	County File 2-20-9/ Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated  Name of Physician Astegemaller
MALE APPLICANT	FEMALE APPLICANT
Name Acavis Edwin Bondacius  Date of Birth Month Day 22 Voga 73	Name First Hay albert Date of Birth Month Day 2 Year 73
Place of Birth (State, or foreign country)  Kelencastlo Indiana	Place of Birth (State or foreign country)  Indianapolis Indiana  One of Birth (State or foreign country)
Residence Address Street or R.R. City County State Address Previous Marital Status: Never Married  OR No. of Previous Maritages	Residence Address Street or R.R. City County State
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate	Date of birth verified by: Sirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Amelo Alaya Amiyacius  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother hathy ayns lasper  (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Aucis Albert  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Aucis Augustury  (If adopted, list adoptive parents only)  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  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
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Signe	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 20 day of HENDRICKS 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 Father Hams Horifacus ID #8934-31-3010 Mother Horifacus ID #8934-58-9554 Subscribed and sworn to before me this day of	State of Indiana  County of HENDRICKS ss:  Father Charles Fallous ID #5 32 2-50-75  Mother Suenda Albus ID #89/5-84-4/7  Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes 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 Cl dated	TRAVIS EDWIN BONIFACIUS  I further certify that the following marriage certificate was filed in my office:
(date), atDANVILLE	inHENDRICKS County, Indiana, County IN (state), and
LORRAINE K. ALBERS of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ CYNTHIA J. SPENCE  Filed and recorded in accordance with the laws of the State of Indiana on	f County, Indiana, dated 2-25-91  , <u>LST DEPUTY CLERK</u> (official designation)  2-25-91 (date)

Circuit Court

IC 31-7-3 commits a Class D felony.

Death

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

Are you now under the influence of an alcoholic beverage?

Are you now under the influence of a narcotic drug?

acknowledgment because of religious beliefs.

HENDRICKS

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Subscribed and sworn to before me this

State of Indiana

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

Divorce

ACKNOWLEDGMENT

Previous Marital Status: Never Married

Last Marriage Ended By:

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Annulment Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 Yes 🔲 No 🗆 Yes 🔲 No 🗌 Yes 🔲 Yes 🔲 No D Yes 🔲 Yes 🗌 Yes 🗌 No Yes 🗌 Yes 🔲 **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or Clerk of Court \_\_ HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, 2-21.91 , authorizing the marriage of \_\_\_\_\_THOMAS ANTHONY SMITH JENNIFER LYNN THOMPSON . I further certify that the following marriage certificate was filed in my office: I, ORVAL V. SUTTON (name), certify that on \_ 3-2-91 INDIANAPOLIS (date), at \_ MARION County, Indiana, THOMAS ANTHONY SMITH HENDRICKS (state), and \_ HENDRICKS County JENNIFER LYNN THOMPSON IN (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated \_ MINISTER Signed by: /s/ ORVAL V. SUTTON (official designation) Filed and recorded in accordance with the laws of the State of Indiana on\_ 3-6-91

> Clerk HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 2-21-91
Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
Name Dennis Richard Ramstein)	Name Lelieva ann First Ann Flraugna
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)
Kentucky	Indiana
Residence Address  Street or R. R. City County State  4447 Sattersall Dr. Clauntield Hendricke Ind.	Residence Address Street or R.R. City County State 4443 Sattersall Dr. Elsinfield Hendricks State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages /
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify) Drubes Lucise	Date of birth verified by: Birth Certificate Dether (Specify) Whurk Julius
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
. Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
Joean Todd Kansstein	Christopher Scott Ferguson
	Cavial Edward Terqueon.
(a) Full name of applicant's father Dariel Kolurt Kanstun	6. (a) Full name of applicant's father Delbert Caurara Tick
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Typical a
Birthplace of father (State or foreign country)  (b) Sull residue case of application pattern Sharp and Advanced Sharplage)	Birthplace of father (State or foreign country) Tankars  (b) Full maiden name of applicant's mother alles Marie Step)
(b) Full maiden name of applicant's mother share a language function (If adopted, list adoptive parents only)	(b) The made is applicant of including
Residence of mother (if deceased, so state)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Andiana
Birthplace of mother (State or foreign country) Sestucky	Birthplace of mother (State or foreign country) Linguistuan
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
imune deficiency syndrome).	Signature of Applicant Telucia A Tenevisor Date 3-31-91
ignature of Applicant Date 2-21-91	Signature of Applicant X + Clack A lengthou Date 2-31-91
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the abov
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information give  SS:
Signed Si	County of HENDRAL A LENGUS in this application is true and correct signed At Lingus The County of th
New Address	New Address
ubscribed and sworn to before me this 2/ day of Feb , 19 9/	Subscribed and sworn to before me this 21 day of Feb 19 91
Clerk of the HENDRICKS Circuit Court	(IONNUE) AWSON Clerk of the HENDRICKS Circuit Cou
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana	State of Indiana )
ounty of HENDRICKS ss:	County of HENDRICKS ss:
atherID #	FatherID #
other ID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, th
County	Court, by written order issued
	as and directs the issuance of a marriage license to the above named parties
	os and directs the issuance of a marriage license to the above named parties
nd filed in, authorize	
nd filed in, authorize  RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cleated 2-21-91 , authorizing the marriage of	EE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle ated 2-21-91 , authorizing the marriage of  ndFELICIA_ANN_FERGUSON	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  — I further certify that the following marriage certificate was filed in my office
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cleated 2-21-91 , authorizing the marriage of ndFELICIA ANN FERGUSONJANICE S. CHILEWSKI	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  — . I further certify that the following marriage certificate was filed in my office (name), certify that on February 21, 1991
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cleated 2-21-91 , authorizing the marriage of  ind	EE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  . I further certify that the following marriage certificate was filed in my office (name), certify that on February 21, 1991  in Hendricks County, Indiana,
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle ated 2-21-91 , authorizing the marriage of  ndFELICIA_ANN_FERGUSON JANICE S. CHILEWSKI  date), atDanville DENNIS_RICHARD_RAMSTEIN ofHENDRICKS	EE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  Lifurther certify that the following marriage certificate was filed in my office (name), certify that on February 21, 1991  in Hendricks County, Indiana, County INDIANA (state), and
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle lated 2-21-91 , authorizing the marriage of	EE AND MARRIAGE CERTIFICATE  Therefore the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  Therefore the Circuit Court of HENDRICKS RAMSTEIN  Therefore the Circuit Court of HENDRICKS RAMSTEIN  Therefore the County Ramstein Research of the County Indiana, State), and HENDRICKS County, Indiana, dated  Therefore the Charles County, Indiana, dated  Therefore the Charles Ramstein Research of the County, Indiana, dated  Therefore the Charles Ramstein Research of the County, Indiana, dated  Therefore the Circuit County, Indiana, dated Ramstein Ramste
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle lated 2-21-91 , authorizing the marriage of  and	The AND MARRIAGE CERTIFICATE  Therefore the Circuit Court of AMSTEIN  The DENNIS RICHARD RAMSTEIN  The Interpretation of AMSTEIN  The Interpretation of AMSTEIN  The Interpretation of AMSTEIN  The Interpretation of Amstein of Amstei
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle ated 2-21-91 , authorizing the marriage of  ndFELICIA ANN FERGUSON JANICE S. CHILEWSKI  date), atDanville  DENNIS RICHARD RAMSTEIN of HENDRICKS  FELICIA ANN FERGUSON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of igned by:Janice S. Chilewski	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  — I further certify that the following marriage certificate was filed in my office (name), certify that on February 21, 1991  — in Hendricks County, Indiana, (state), and INDIANA (state), and INDIANA (state) were married by me as authorized the MENDRICKS County, Indiana, dated 2-21-91  Chief Deputy Clerk (official designation)
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle ated 2-21-91 , authorizing the marriage of	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana, DENNIS RICHARD RAMSTEIN  — . I further certify that the following marriage certificate was filed in my office (name), certify that on February 21, 1991  — in Hendricks County, Indiana,  County INDIANA (state), and (state) were married by me as authorized the property Clerk (official designation)

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA

of IC 31-7-3	No. 55	
<u>HEND</u>	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 Applicant 50 No A Yes I If No, Medical Examination or Report Dated Annual Name of Physician Robert Manage	21
MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Last	Name First Middle Last	-
Date of Birth Month Day Year	Date of Birth Month Day Year	Allen i
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	
Mundo to make sol	462 Blake St. Danvill	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	-
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cher (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?	Yes 🗆
If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No   2. Are you related to the male applicant closer than second cousin?  No	Yes 🗆
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No	Yes 🗌
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?	Yes 🗌
5. List the full names of any dependent children.	5. List the full names of any dependent children.	
6. (a) Full name of applicant's father Range, Walla	6. (a) Full name of applicant's father William O. Mella	in
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	no t
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	1100
(b) Full maiden name of applicant's mother Manualth Q. Knetyee	(b) Full maiden name of applicant's mother Mandia Margant	FW
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  Z/Z1/R1	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS immune deficiency syndrome).  Signature of Applicant  Date  4	
The 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 t acknowledgment because of religious beliefs.  Clerk of Court Date	the abov
State of Indiana  ) I swear/affirm that the information given ss:  County of HENDRICKS  Signed Welliam D. Welliam Signed	State of Indiana  County of HENDRICKS  Signed  Signed  I swear/affirm that the information in this application is true a	
New Address	New Address	100
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 21 day of 3, 19 91  Clerk of the HENDRICKS C	Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	THE Y
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one par	rent sign:
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of HENDRICKS ) ss:	State of Indiana ) County ofHENDRICKS) ss:	
Father ID #	FatherID #ID #	
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19	
Clerk		Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named particular Court, by written order issued	es, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named p	parties
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Inc.	idiana,
	. I further certify that the following marriage certificate was filed in my	office
I,JOANNA K. SCHOETTLE	(name), certify that on2-22-91	
(date), atJAMESTOWNWILLIAM D. WELLSofHENDRICKS	in BOONE County, Indiana,  County IN (state), and	
TAMARA L. LEONARD of HENDRICKS Con	unty IN (state) were married by me as auti	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ JOANNA K. SCHOETTLE		91
Filed and recorded in accordance with the laws of the State of Indiana on	2-25-91 (date).	

Signed .

\_ Clerk Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_\_\_\_\_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married NO. of Previous Marriages Death D Last Marriage Ended By: Divorce Annulment Date Divorce 🗌 Date of birth verified by: Birth Certificate Bother (Specify) Yours Port Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 1. Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No Yes No 🗆 Yes 🗌 Are you related to the female applicant closer than second cousin? No ☑ Yes □ Yes 🗌 No 🔼 Yes 🗌 Are you now under the influence of an alcoholic beverage? No Yes No D Yes 🗌 Birthplace of mother (State or foreign country)\_ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given State of Indiana Signed X Number Subscribed and sworn to before me this \_\_ HENDRICKS derk of the HENDRICKS Frank Clerk of the\_ CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 HENDRICKS \_ County, Indiana, DIANE L. TEACHOUT and . . I further certify that the following marriage certificate was filed in my office: I, J. K. WARRICK (name), certify that on \_\_\_\_\_3-9-91 (date), at \_\_\_\_\_INDIANAPOLIS County, Indiana. MARION TONY L. WINNINGHAM HENDRICKS County \_ IN \_(state), and \_ DIANE L. TEACHOUT HENDRICKS County\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of \_ \_County, Indiana, dated \_ , SENIOR MINISTER Signed by: /s/ J. K. WARRICK \_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 3-12-91 Clerk HENDRICKS Circuit Court

## STATE OF INDIANA

	ON FOR MARRIAGE LICENSE  No
	3-24-91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for a person who knowingly furnishes false information to a concincuit court when the person applies for a marriage lice C 31-7-3 commits a Class D felony.	clerk of the If No. Medical Examination or Report Dated
MALE APPLICANT	FEMALE APPLICANT
Are you now or have you ever been adjudged to be of unsound mind?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Middle  Last  Middle  Last  Middle  Last  Middle  Last  Middle  Last  Last  Middle  Last  Vear  Year   Name While State Steeks  Date of Birth Month Day 1957  Place of Birth (State or foreign pointry)  Place of Birth (State or foreign pointry)  State Residence Address Street or R.R. / City Brownsburg In . 46  Previous Marital Status: Never Married OR No. of Previous Marfages	
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communic t are sexually transmitted, and a list of the test sites for the virus that causes nune deficiency syndrome).  The part of Applicant Acknowledge are sexually transmitted.	Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  Cable diseases  I acknowledge that I have received information regarding dangerous communicable diseases
e above applicant has objected to verifying by oath or affirmation or signature knowledgment because of religious beliefs.	The same of the sa
ste of Indiana  Punty of HENDRICKS  Signed X Steva B Punty  New Address  bscribed and sworn to before me this Alexa day of HENDRICKS  Signed X Steva B Punty  New Address  bscribed and sworn to before me this Alexa day of HENDRICKS	true and correct.  County of HENDRICKS Signed Signed Signed New Address
ONSENT OF PARENTS, PARENT, OR GUARDIAN  o, the parents of this applicant, hereby give consent for this marriage. If only one te 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
te of Indiana ) ss: unty of	State of Indiana County of HENDRICKS Sas:  Father
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER C	OF COURT. A marriage license having been refused to the above named parties, the
	Court, by written order issued

. I further certify that the following marriage certificate was filed in my office: 3-30-91

Lange HENDRICKS

\_ County, Indiana,

\_(state), and \_

(official designation)

\_ Clerk \_Circuit Court

(name), certify that on \_ Boone

Indiana

Indiana

HENDRICKS

\_ County \_\_\_

Signed \_\_

\_,\_Minister

4-2-91

Conn

County\_

I, \_\_Jam (date), at \_\_

Monica Marie Sheeks James Hertel

Hendricks

Hendricks

\_ of\_\_

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

Zionsville

Steven Bryan King of Monica Marie Sheets of

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No58  ORICKS County File
	3-36-91 Date of Application
	Found April 20 AVE 30 AVE
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ulf No, Medical Examination or Report Dated  Name of Physician Mark E. Bentry, M.L.
MALE APPLICANT	FEMALE APPLICANT
Name # A First Alicidia Last	Name , First , Middle Last
Date of Birth Day Vear	Date of Birth Month Suy Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Pesidence Address Street or R.R. / City County State	Residence Address Street or RR / City County State
R. L. #3 Boy 333 Clayton In. 46118	4132 Vandalia St, Intpla In. 4624
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Liribus Zucixie	Date of birth verified by: Birth Certificate Other (Specify) Laruvirs Jacussa
1. Are you now or have you ever been adjudged to be of unsound mind? No Ves	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No  Yes   Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug?  No Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	Minister Cummina
3. (a) Full name of applicant's father Daniel Helbert More	6. (a) Full name of applicant's father Pobert Lee Curenis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Upclases
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Buttur Rose Perus	Birthplace of father (State or foreign country) Stadiax a  (b) Full maiden name of applicant's mother was may Witt
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Council Mac Witte  (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) findiana	Residence of mother (if deceased, so state) that are
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome).  Date 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	I acknowledge that I have received information regarding dangerous communicable diseases 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  Date 2  Date 2
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS SS: In this application is true and correct.	County of HENDRICKS ss:   in this application is true and correct.
Signed Villa X . Mo Th	signed Chawnita Carton
New Address Subscribed and sworn to before me this 24 day of July 19 9/	New Address Subscribed and sworn to before me this 200 day of 3100 19 9/
Connect Clerk of the HENDRICKS Circuit Court	Coxxie Sauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSTANT OF PARENTS PARENTS OF SAMESIA
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana	Con distance
county of HENDRICKS	State of Indiana  County of HENDRICKS  ss:
ather ID #	Father
Mother ID #	Mother ID #
ubscribed and sworn to before me thisday of	Subscribed and sworn to before me this
County	A marriage license having been refused to the above named parties, the  Court, by written order issued  es and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LICENS	E AND MARRIAGE CERTIFICATE  Perk of the Circuit Court of HENDRICKS County, Indiana,  DAVID GENE NOEL.
certify that there was filed in my office a marriage license issued by the Cle	THE PARTY OF THE P
certify that there was filed in my office a marriage license issued by the Cle lated 2 - 2 Le - 9 L, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office.
certify that there was filed in my office a marriage license issued by the Cle lated 2-24-9/, authorizing the marriage of andCHAWNITA LYNN CARTER CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on 2-26-91
certify that there was filed in my office a marriage license issued by the Cle lated, authorizing the marriage of undCHAWNITA LYNN CARTER ,CYNTHIA J. SPENCE date), atDANVILLE	I further certify that the following marriage certificate was filed in my office:
certify that there was filed in my office a marriage license issued by the Cle lated 2-24-91, authorizing the marriage of and	I further certify that the following marriage certificate was filed in my office:  (name), certify that on
certify that there was filed in my office a marriage license issued by the Cle lated 2-24-91, authorizing the marriage of and	

\_\_\_\_ Clerk \_Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

		No	59	
HENDRICKS	County	File		
			3-1.91	
		THE RESERVE OF THE PERSON NAMED IN	Date of Application	

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

	A STATE OF THE REAL PROPERTY.		
Female Applicant 50	No 🗗	Yes 🗆	39.5 g (4
If No, Medical Examination	on or Report	Dated	
Name of Physician 1000	tell sic	a.m.a.da	

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Carwin S. Earles	Name Donna L. Middle Bauer
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
5401 O Havelet. Shape 46224	135 lides Run Dr. Opt. 8 Blung
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Bother (Specify)
	THE RESIDENCE OF THE PARTY OF T
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No   Yes   Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  1. Color Fanlan   4. Are you now under the influence of a narcotic drug?  No Yes  S. List the full names of any dependent children.	
S. Est the fall flames of they depondent entirely.	S. Les de la mane de any dependent dimoni.
6. (a) Full name of applicant's father Unasles R. Easles	the 2 land
6. (a) Full name of applicant's father handles (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Thing E. Workshop (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Light. Ind.
(b) Full maiden name of applicant's mother Wayner Q. Daylor	(b) Full maiden name of applicant's mother Way Mosca Donogram
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andrea.	Residence of mother (if deceased, so state) did deceased.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test, sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	beautiful deficiency and and
Signature of Applicant Date Date	Signature of Applicant Horna & Sauce Date 2-1-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDALAS in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Office to the Court	CHER OF THE CHER COUNT
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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:
Father ID #	FatherID #
MotherID #ID #	MotherID #
Clerk	Subscribed and sworn to before me this
COMPLETE IE MADDIACE LICENSE ISSUED DV ODDED OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	DARWIN S. EARLES
I, KENNETH W. PERDUE	I further certify that the following marriage certificate was filed in my office: (name), certify that on 3-23-91
(date), atCLERMONT	in MARION County, Indiana,
DARWIN S. EARLES OF MARION  DONNA L. BAUER OF HENDRICKS CON	CountyIN(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-27-91
Signed by: /s/ KENNETH W. PERDUE	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-27-91 (date).
	Signed Janus Laura Clark

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County File
	3-4-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ☐ Yes ☐  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name A First AM Middle A Last	Name Kinglass Can Patella
Date of Birth Month O Day, Year	Date of Birth Morth Day 3 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
RI Box 96, Clayter, Hendricks, Indiana	RI Dox 96, Clayter, Hendricks, Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) & 4 (1144) History
Niller Contract	Director Control
	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind?     No <sup>™</sup> Yes □     If answer is "yes," has the adjudication been removed?     No □ ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind?      No □ Yes □      If answer is "yes," has the adjudication been removed?      No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full haries of any dependent children.
6. (a) Full name of applicant's father Robert Roisi Sowell	6. (a) Full name of applicant's father James Haymond Carey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) Oakland, Ark.
Birthplace of father (State or foreign country)  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana for
(b) Full maiden name of applicant's mother Martha Ola Hopper	(b) Full maiden name of applicant's mother Shirely Source Cells
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Clayfor Indiana	Residence of mother (if deceased, so state) Oakland, Ork  Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	immune deficience constraints 1/5
Signature of Applicant Struce a Sowell Date 3-4-91	Signature of Applicant & Mulverly R. Carry Date 3-4-9
	The state of the s
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana ) I swear/affirm that the information give County of HENDRICKS ss: in this application is true and correct in the
County of HENDRICKS in this application is true and correct.  Signed Council C	Signed Kindrely R. Carey
New Address	New Address Market Of
Subscribed and sworn to before me this 4th day of March, 19 41	Subscribed and sworn to before me this
Connict June Clerk of the HENDRICKS Circuit Court	Connection of the HENDRICKS Circuit Con
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consect of the other parent unrespective	state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	
state facts which make the consent of the other parent unnecessary  State of Indiana )	State of Indiana )
	State of Indiana ) County of HENDRICKS ss:
State of Indiana ) County of HENDRICKS ) SS:  Father	County of HENDRICKS ss:  Father ID #
State of Indiana   )	County of
State of Indiana ) County of HENDRICKS ) SS:  Father	County of HENDRICKS ss:  Father ID #
State of Indiana County of HENDRICKS ) ss:  Father	County of HENDRICKS ss:  Father ID #  Mother ID #  Subscribed and sworn to before me this day of , 19  Cle  A marriage license having been refused to the above named parties, the
State of Indiana County of HENDRICKS ) SS:  Father	County of
State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authorize	County of
State of Indiana County of HENDRICKS Sas:  Father ID #  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in , authorize  RETURN OF MARRIAGE LICENSE	County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  County of HENDRICKS  Father ID #  County of LID #  County of
State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana State of India	County of
State of Indiana County of HENDRICKS  Father	County of HENDRICKS  Father ID # ID
State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of	County of
State of Indiana County of HENDRICKS  Father	County of HENDRICKS  Father ID # ID

\_ (date).

\_\_\_\_ Clerk \_Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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

(state) were married by me as authorized

\_\_\_\_ Clerk \_Circuit Court

County, Indiana, dated 3-12-91

\_ (official designation)

TN HENDRICKS

\_ (date).

, 1ST DEPUTY CLERK

3-12-91

JENNIFER K. SCHNEIDER of HENDRICKS County

under a marriage license that was issued by the Clerk of the Circuit Court of \_

Signed by: \_/s/ CYNTHIA J. SPENCE
Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Jennifer Kay Schneider
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
Box 409-3 Clayton	1301
Previous Marital Status: Never Married  OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
	6 (a) Full name of applicant's father Vargues M. Schneider
6. (a) Full name of applicant's father Merala a. Thornell	6. (a) Full name of applicant's father Advisor D. Jethnesses. (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Foliadpib. Old	Residence of father (if deceased, so state) and shall and .
Birthplace of father (State or foreign country) TO	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother brankene R. Kentry
(b) Full maiden name of applicant's mother Balance M. Mega	(If adouted that adopting parents only)
(If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Residence of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroma).  Signature of Applicant  Date 3-5-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseathat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune 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	The above applicant has objected to verifying by oath or affirmation or signature to the ab acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Roberf Hornel in this application is true and correct.  New Address	State of Indiana County of HENDRICKS Signed New Address  I swear/affirm that the information given that the information given the in
Subscribed and sworn to before me this day of 19 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of 19 9\ Clerk of the HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 si state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana ) ss:
County of HENDRICKS SS:	County of HENDRICKS
Father ID #  Mother ID #	Mother Charles & Muncy 10 "
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this 12 day of 3 . 19 91
The same of the sa	A marriage license having been refused to the above named parties,
County	Court, by written order issued
	izes and directs the issuance of a marriage license to the above named particles.
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indian
dated 3-5-91, authorizing the marriage of _ and	ROBERT F. THORNELL  I further certify that the following marriage certificate was filed in my offi
andJENNIFER K. SCHNEIDER  I,CYNTHIA_J. SPENCE	(name), certify that on3-12-91
(date), atDANVILLE	in HENDRICKS County, Indiana,
ROBERT F. THORNELL of HENDRICKS	_ County IN (state), and

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗆 Yes 🗆 3-4-9/ If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Mark First alax Middle Miller	Name Sandra Kay Rumminas
Date of Birth Day 7 Year 3	Date of Birth Month 30 Year 5
Place of Birth (State or foreign country)  Molicand  Residence Address  Style or R.R.//  City Gounty State	Place of Birth (State or foreign country)  Residence Address Street or R.R. City. County / State /
128 Kunter Dr. Klainfield, Hendricks, And.	928 Huster D., Kainfield, Hendricks, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Dother (Specify) DAINERS Science  Date of birth verified by: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify) Driver Specify Driver Specify
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes  Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes   4. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   So List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Holly Again Guerrana
6. (a) Full name of applicant's father Hekald Lee Miller  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father James Herbert Riley (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Maliana  Birthplace of father (State or foreign country) Analyana	Residence of father (if deceased, so state) I AM (Wellasse) Birthplace of father (State or foreign country) Dennique See
(b) Full maiden name of applicant's mother Heles Domaia	(b) Full maiden name of applicant's mother Dirathy Har Snot
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) California	Birthplace of mother (State or foreign country) Services
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Date 3(59)	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant Country Date 3-5-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Mould Miles  Subscribed and sworn to before me this State of the HENDRICKS  State of Indiana  I swear/affirm that the information given in this application is true and correct.  3/5/9/  Market 19 9/	State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  State of Indiana  I swear/affirm that the information give in this application is true and correct the interval of the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in this application is true and correct the information give in the information give give
Circuit Court HENDRICKS Circuit Court	CONNICE AUSTR Clerk of the HENDRICKS Circuit Coun
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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:
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
County	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	
and SANDRA KAY CUMMINGS	I further certify that the following marriage certificate was filed in my office
I,MYRUN K. WELTY (date), atPUTNAMVILLE	(name), certify that on 3-14-91 in PUTNAM County, Indiana,
MARK A. MILLER of HENDRICKS	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ MYRUN K. WELTY Filed and recorded in accordance with the laws of the State of Indiana on	, PASTOR (official designation) 3-19-91 (date).
The state of the s	
	Signed Clerk HENDRICKS Circuit Court

Circuit Court

\_Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name Warren Daniel Burshia	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.D. City County State	70
Residence Address Street or R.R. City County State  Manuelle, Dr. Mary Line ks	Residence Address Street or R.R. City County State  R. 3 Box 374 Art 12   Lautow TD
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Other (Specify)	
Date of their verified by. As of the Certificates Define (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Α Α	
6. (a) Full name of applicant's father Yercey D. Comeshast	6. (a) Full name of applicant's father Elmon D. Kennedy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Notice a sed
(b) Full maiden name of applicant's mother Sa Honne, M. Burshire	Birthplace of father (State or foreign country). Sansas Martino  (b) Full maiden name of applicant's mother Bathay D. Martino
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Laufen To
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 3-5-91	Signature of Applicant X Mchelle Kennedy Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
	The state of the s
State of Indiana ) I swear/affirm that the information given  County of HENDRICKS ss:	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.  Signed Y FIGHULL KANNEDELL
New Address Privile	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of , 19 91
Cork of the HENDRICKS Circuit Court	LANGE OF Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother Betsy & Hallatt ID #
Clerk	Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
The state of the s	
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, DARREN D. BURSHIA
and MICHELLE L. KENNEDY	I further certify that the following marriage certificate was filed in my office:
I,JERRY G. VANILUE	(name), certify that on 3-9-91
(date), atDANVILLE	in HENDRICKS County, Indiana,
DARREN D. BURSHIA of HENDRICKS  MICHELLE L. KENNEDY of HENDRICKS CONTROL OF THE PROPERTY OF TH	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-9-91
Signed by: /s/ JERRY G. VANLUE	_ ,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-12-91 (date).
	signed lange Louise Clerk
	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Secretary Design of the control of t		
The state of the second of the	MALE APPLICANT	FEMALE APPLICANT
The analysis of the control of the c	Hreag First Chalen Stark)	Name and First Jark, Middle Morgan
Secretary Design of the control of t	vate of Birth Day 5 Year 5 9	Date of Birth Month Day Year
Manual Ma	Place of Birth (State or foreign country)	Place of Birth (State or foreign country) In O. Jan min
The street lates and the search of the searc		Residence Address Street or R.R. City County Market
Les transport Doat fy Case   Dono   D		Sold Cerow Xheen I Me 211, mapes francos, Inc
and a strict or the control of the c		
An you room on the season pursues in the adjusted to the distance of incidence of the control of		
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As you around the finance of a school because of the finance of the school because of the finance of the school because of the finance of the finance of the school because of the school bec	. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes   Yes
An you now under the reference of a substitute bearings.  Let the full names of any depondent children.  (ii) Full name of applicant's time.  Justice the full names of any depondent children.  (iii) Full name of applicant's time.  Justice the full names of any depondent children.  (iii) Full name of applicant's time.  Justice the full names of any depondent children.  It is supposed, the applicant's time.  Justice the full names of applicant's time.  Justice the full	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
An you one work to enforce of a largest rough   Near   Nea		
List the full names of any dependent chibben.  (b) Full name of agricularity tomes with the state and the state an		
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Biothers in adoption person only.  Recording of mother (if diseased, to state)  Recording the Clase or foreign country.  ACCOMMEDIATE  ACCOMME		15.10 1 m. Eng 1 2 m
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that are security represented. and a list of the test sizes for the virus that causes ADB (acquired immune deficiency systematics). The above applicant has objected to verifying by cath or affirmation or signature to the above conceived general because of neighbour because of neigh	ACKNOWLEDGMENT	ACKNOWLEDGMENT
immune difficiency syndromy. Minuted in William Date 1997 (and the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Clear of Court  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because or religious beliefs.  Courty of The Above Above applicant has obje		I acknowledge that I have received information regarding dangerous communicable diseases
Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above above acconosidegment because of religious beliefs.  Clerk of Court  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acconosidegment because of religious beliefs.  Clerk of Court  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acconosidegment because of religious beliefs.  Clerk of Court  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acconosidegment because of religious beliefs.  Clerk of Court  Date of Indiana  Courty of HENDRICKS  Subscribed and secon to before me this  Applicant has objected to verifying by oath or affirmation or signature to the above acconosidegment because of religious beliefs.  Clerk of Court  Date of Indiana  Courty of HENDRICKS  ONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage, if only one parent signs, state tasts which make the consent of the other parent unrecessary  attended in the consent of the other parent unrecessary  attended in the consent of the other parent unrecessary  attended in the consent of the other parent unrecessary  attended in the consent of the other parent unrecessary  attended in the consent of the other parent unrecessary  attended in th	mmune deficiency syndrome)	
control of PARENTS, PARENT, OR GUARDING.  Control of Indiana  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  Co	Must an A Mit Med)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
control of PARENTS, PARENT, OR GUARDING.  Control of Indiana  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  County of HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  Superal HEXDRICKS  Co		
Table of Indiana Lenk of Court Date    Courty of Indiana Lenk		
HENDRICKS   Signed   HENDRIC	Clerk of Court Date	
in this application is true and correct.    New Address   Signed	State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
New Address Host day of 19 Clerk of the 48 of 19 Clerk of 19 Cle	County of HENDRICKS in this application is true and correct	HENDRICKS SS:
Subscribed and sworn to before me this		
Consent of the HENDRICKS Circuit Court  Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  tate of Indiana  Outly of HENDRICKS  Courty of HENDRICKS  County of HENDRICKS  County of HENDRICKS  State of Indiana  Outly of HENDRICKS  County of HENDRICKS  County of HENDRICKS  County of HENDRICKS  Subscribed and sworn to before me this day of		
tate of Indiana Sounty of HENDRICKS  Section of Itilia applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary  State of Indiana Sounty of HENDRICKS  Section of Itilia applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  State of Indiana County of HENDRICKS  Subscribed and sworn to before me this day of 10 subs	HENDRICKS	HENDRICKS
tate of Indiana ounty of HENDRICKS  set:    D #	ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana founty of HENDRICKS  ather  state   ID   Father  Mother  Subscribed and sworn to before me this   day of   19    Court, by written order issued  county   Court, by written order issued  and filed in   , authorizes and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  RETURN OF MARRIAGE LICENSE AND MAR	Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
County of HENDRICKS  ather   ID #   County of HENDRICKS   Second of Mender   ID #   County of HENDRICKS   Subscribed and sworn to before me this   day of   ID #   County   Co	tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
The state of the county of the	State of Indiana )	
Mother Subscribed and sworn to before me this day of	County of HENDRICKS ss:	County of HENDRICKS ss:
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and sworn to before me this day of 19  County Court, by written order issued County written order issued and filed in 19  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of GREGG C. STARK  Indiana ANA LARK MORGAN INDIANAPOLIS IN MARTION County INDIANAPOLIS IND		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County	Subscribed and sworn to before me thisday of19	
County		Clerk
County	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County	Court, by written order issued
certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of all and all all and a		
ANA LARK MORGAN  DONALD R. CURRELL  date), atINDIANAPOLIS  GREGG C. STARK  ANA LARK MORGAN  ANA LARK MORGAN  MARTON  MARTON  County IN  GREGG C. STARK  ANA LARK MORGAN  MARTON  MARTON  County IN  (state), and  MARTON  MARTON  County IN  (state) were married by me as authorized to the circuit Court of  Marton  Marto	certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
date), atINDIANAPOLISinMARTONCounty, Indiana,	dated, authorizing the marriage of and ANA LARK MORGAN	I further certify that the following marriage certificate was filed in marriage
date), atINDIANAPOLIS		(number); certify that on
ANA LARK MORGAN  of MARION  County IN (state) were married by me as authorized materian and marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS  County, Indiana, dated 3-6-91  Gigned by: /s/ DONALD R. DURRELL  Gigned and recorded in accordance with the laws of the State of Indiana on 3-26-91  CH. (date).	ODGO G GENERAL HENDETONG	in MARTON County, Indiana,
inder a marriage license that was issued by the Clerk of the Circuit Court of	AND TARK MORGAN	County(state), and
Signed by:		(State) were married by me as authorized
Filed and recorded in accordance with the laws of the State of Indiana on 3-26-91 CH. (date).	Signed by: /s/ DONALD R. DURRELL	, NORTHMINSTER PRESBY. (official designation)
	iled and recorded in accordance with the laws of the State of Indiana on_	CIT
HENDRICKS Circuit Court		Signed Same Land Clerk HENDRICKS Circuit Count

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No □	Yes 🗆
If No, Medical Examination or Report	Dated
Name of Physician _ Clar	R

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Mak & Standar Middle Last Last	Name Sirst Min Billo de Cast
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 /
152 N. Crase St. Warville Herdricks Indiana	445 S. 200 W, varville, Hendricke Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Whileham Ligaring	Date of birth verified by: Birth Certificate Pother (Specify)
- proceedings	- Minute of conte
Are you now or have you ever been adjudged to be of unsound mind?     No    Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  1. Are you now or have you ever been adjudged to be of unsound mind?  1. Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
o. List the full halfles of any dependent children.	C. List the full frames of any dependent children.
- O Maria 4	- Carlos Contract
6. (a) Full name of applicant's father James Jay Malicoat	6. (a) Full name of applicant's father Willow Full Hook
(If adopted, list adoptive parefits only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dealries Urexe Vigaer	(b) Full maiden name of applicant's mother Leggylylon Heltelstasse
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the wirus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant
Signature of Applicant Applicant Date 3-1-41	Signature of Applicant 211000 11000 Date 5-1-11
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) A swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in his application is true and correct.	County of HENDRICKS ss: On this application is true and correct.
Signed I family formand	Signed Hood
New Address  Subscribed and sworn to before me this 7th day of March, 19 9/	New Address Subscribed and sworn to before me this 7th day of March 19 9
OSYNCIA JAWEST Clerk of the HENDRICKS Circuit Court	Cancel Jaluson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )  Secretary of HENDRICKS ss:	State of Indiana )  HENDRICKS ss:
FatherID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday 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, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	MARK STEPHEN MALICOAT
	I further certify that the following marriage certificate was filed in my office: (name), certify that on
	in HENDRICKS County, Indiana,
MARK S. MALICOAT of HENDRICKS	County IN (state), and
LISA_M, HOOD	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ MILTON CRAIN	County, Indiana, dated 3-26-91  —, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Janua Landa

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3  APPLICATION FOR MARRIAGE LICENSE  No.	
HENDI	
	3-7-91  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No V Yes I If No, Medical Examination or Report Dated 6-7-85  Name of Physician Edgan Kourany
MALE APPLICANT	FEMALE APPLICANT
Name Offices First Office Australia	Name Shurry First House Plunkell
Date/of Brox June Month 7 Day 1966	Date of Birth March 33 19470
Place of Birth (State of foreign country)	Place of Birth (State or foreign country)
Residence Address	Residence Address + Steet or R.R. Oliver City of Line And Andreas
115 71 East St. Plangued, Albarices An	115 71 East XII. Plangues, Private Land
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Forder Ry: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify) Liver Specify Liver Specify	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
the transfer of	6 (a) Full name of applicant's father Port Everett Plumbett
6. (a) Full name of applicant's father Harry Sweet	6. (a) Full name of applicant's father / O'CC COCCOC from FULL FOR STATE (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Sugal angle (1)
(b) Full maiden name of applicant's mother the state of applicant the sta	(b) Full maiden name of applicant's mother Sull Sull Sull Sull Sull Sull Sull Sul
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant (Jeffrey allow Auch Date 3-7-91)	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Aurity Aurity Plunkett Date 3/7/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has 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 faffrey allen hurel	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.  XSigned Sharry Rouse Plunkett
New Address Subscribed and sworn to before me this day of March , 19 91	New Address SAME Subscribed and sworn jo before me this 7 day of March , 19 91
Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father	Father ID # Mother ID #
Mother ID #	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	ces and directs the issuance of a marriage license to the above named parties.
DETUDN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana,  Jeffrey Allen Sweet
dated 3-7-9( , authorizing the marriage of _	Jeffrey Allen Sweet
and Sherry L. Plunkett	I further certify that the following marriage certificate was filed in my office:
(date), at Pittsboro	
Jeffrey A. Sweet of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized f County, Indiana, dated 3-23-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ William J. Brown	
Filed and recorded in accordance with the laws of the State of Indiana on_	3-23-91 (date).

\_ Clerk \_Circuit Court

Signed Connie Lawrenn
HENDRICKS

## STATE OF INDIANA

HEND	No
	3-8-9 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle , Last
Date of Birth	Date of Birth
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father (If adopted, list adoptive parents only).  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only).  Residence of mother (If deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  (If adopted, list adoptive parents only)  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  Signature of Applicant	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 3-8-91
The 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  Signed Charge M. Callabar  New Address  Subscribed and sworn to before me this Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed Way S. Huly in this application is true and correct.  New Address  Subscribed and sworn to before me this day of 3, 19 9 1  Clerk of the HENDRICKS Circuit County.
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Ss:    D #	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby 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  Satisfacts  ID #  Mother
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filed in, authorize	A marriage license having been refused to the above named parties, the  Court, by written order issued  es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
andAMY LILLY	I further certify that the following marriage certificate was filed in my office:

Tannie Hawson HENDRICKS Signed\_ \_Circuit Court

(date).

3-16-91

\_(state), and \_

\_ (official designation)

\_\_\_ (state) were married by me as authorized \_\_\_\_\_\_\_County, Indiana, dated \_\_\_\_\_\_\_3-16-91

Clerk

\_ County, Indiana,\_

\_ (name), certify that on \_

IN

in HENDRICKS

MINISTER

3-20-91

County \_

County\_

HENDRICKS

HENDRICKS

of\_

under a marriage license that was issued by the Clerk of the Circuit Court of \_ Signed by S P. MICHAEL THORNBURG

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

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

AMY LILLY

I, P. MICHAEL THORNBURG

(date), at \_\_\_\_\_DANVILLE

CRAIG CALLAHAN

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated  Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
arme John J. Burns	Name First Middle Last A. MC Kee
ate of Birth Month Day Year 2 2 3	Date of Birth Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. # City County State  36 22 St. Shows Blod Indpls. Ind. 46214	Residence Address Street or R.R. City County State  23 0 cml Slas and Dr. B. Livia
	Previous Marital Status: Never Married Stor No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
st Marriage Ended By: Death Divorce Annulment Date	
te of birth verified by: Birth Certificate Q Other (Specify)	Date of birth verified by: Birth Certificate DOther (Specify) Dr. Liv.
	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes □
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?     No ☑ Yes ☐  If answer is "yes," has the adjudication been removed?     No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No \(\bar{\text{N}}\) Yes \(\Boxed{\text{Ves}}\)	4. Are you now under the influence of a narcotic drug? No, Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Sohn Sandra Burns	6. (a) Full name of applicant's father Danny More MCKae
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Community (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Mar Rot Ind.	Residence of father (if deceased, so state) Blung and
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Hills Opine Trealing	(b) Full maiden name of applicant's mother There are the control of the control o
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state).
ACCUSATE PROPERTY.	ACKNOWN EDGMENT
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant African Jan Jan Jan Jan Jan Jan Jan Jan Jan J	Signature of Applicant X YNUGEN A. MC/CEE Date 3-8-91
	The share sealings has adjusted to varifying he path as affirmation as cignature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information gives
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct Signed X Mugen 9. Mc/lee
Signed Jan Jay Joseph New Address	New Address
subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of theHENDRICKSCircuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
and laces which make the consent of the other parent direcessary	
State of Indiana ) ss:	State of Indiana ) ss:
County of HENDRICKS	County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Cler
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl lated $3-8-91$ , authorizing the marriage of $-$	lerk of the Circuit Court of HENDRICKS County, Indiana, John J. Burns
and Megen A. McKee	. I further certify that the following marriage certificate was filed in my office.
Janet E. Moore	(name), certify that on 4-6-91
(date) at Speedway Christian Church	in Marion County Indiana
John J. Burns of Marion	County Indiana (state), and
Megen A. McKee of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	Ordained Minister Midiana, dated 3-8-91
Signed by: S/S Janet E. Moore	
Filed and recorded in accordance with the laws of the State of Indiana on_	TIL JI (aale).
	Signed Connie Lawson Cler

ROBIN CHRISTINA WRIGHT

under a marriage license that was issued by the Clerk of the Circuit Court of .

/s/ DARRIS L. MCNEELY

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Yes IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Never Married OR No. of Previous Marriages Last Marriage Ended By: Annulment Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 No I No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🔲 No Yes No 1 Yes 🗌 Are you related to the female applicant closer than second cousing No Yes 🗌 Yes 🗌 No B No Yes No Yes 🗆 Are you now under the influence of a narcotic drug? **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court \_ HENDRICKS Subscribed and sworn to before me this HENDRICKS HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_County \_ Court, by written order issued. and filed in\_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, , authorizing the marriage of \_\_\_\_\_DAVID MICHAEL WILSON and ROBIN CHRISTINA WRIGHT \_ . I further certify that the following marriage certificate was filed in my office: I, DARRIS L. MCNEELY \_ (name), certify that on \_\_\_ 3-13-91 (date), at \_\_\_PLAINFIELD in HENDRICKS County, Indiana, DAVID MICHAEL WILSON County \_\_\_ IN HENDRICKS

HENDRICKS County\_

HENDRICKS

, MINISTER

3-14-91

(state) were married by me as authorized

Circuit Court

County, Indiana, dated 3-13-91

(official designation)

HENDRICKS

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

70

HEND	DRICKS County File
	Date of Application 9
person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Ves I If No, Medical Examination or Report Dated Name of Physician Thomps
MALE APPLICANT	FEMALE APPLICANT
Both A Middle Sinchair	Name First Middle L. Pridroto
e of Birth Month Day 4 Year 9 45 ce of Birth (State or foreign country)	Date of Birth Month Day Year Place of Birth (State or foreign country)
dence Address Street or R.R. City Coupty State	Residence Address Street or R.R. City County State
80/ Kageveyer & Painfield	Previous Marital Status: Never Married POR No. of Previous Marriages
OR No. of Previous Marriages	
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify) Dr. Types	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?  No Yes   Yes
Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  No  Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Yes
Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent children.	Are you now under the initiative of a narcotic drug?      List the full names of any dependent children.
40. 1:	OIL R. J.
(a) Full name of applicant's father All Superior	6. (a) Full name of applicant's father Thin 4 William 4
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents 6nty)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Linda Anders	(b) Full maiden name of applicant's mother Managerel Blasch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired impune deficiency syndrome).  But Simular  Date 3 8 - 91  The above applicant has objected to verifying by oath or affirmation or signature to the above exhaust cause of religious beliefs.	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
erk of Court Date	Clerk of Court Date
ate of Indiana ) I swear/affirm that the information given bunty of HENDRICKS Signed Sunt Sunt Correct.  New Address	State of Indiana County of HENDRICKS Signed New Address Roll Roger in Roll Roger in Roll Roger in Roll Roll Roll Roger in Roll Roger in Roll Roger in Roll Roll Roll Roll Roll Roll Roll Rol
bscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of , 19 Clerk of the HENDRICKS Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana ) ss:	State of Indiana )  Outstand HENDRICKS ss:
unty of HERDACAS )	County of
ther	MotherID #
bscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the  Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
ated 3-8-91, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on 4-13-91
	in HENDRICKS County, Indiana,
BRET A. SINCLAIR of HENDRICKS	
JERILYN L. BISHOP of HENDRICKS Co	ounty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:	f
iled and recorded in accordance with the laws of the State of Indiana on_	Signed Clerk
	Signed Clerk  HENDRICKS Circuit Court
WITE EDDING - SYSTEMS 1-870-389-8709 1477	Circuit Court

(date), at \_\_\_ CALVARY CHAPEL

Signed by: /s/ LARRY JUDD

MARVIN MALICOAT

DONNA LEGRAND

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Verri y. Drawx circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce 🖾 Divorce 🗌 Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) No Yes Yes 🗌 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? No 🗌 If answer is "yes," has the adjudication been removed? Yes 🗌 No 🗆 Yes 🗌 No Yes No 🗹 Yes 🗌 Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes | Yes | Nov Are you now under the influence of an alcoholic beverage? Yes 🗌 List the full names of any dependent children. They was perfy Malicoat, Michaela Harie (a) Full name of applicant's father James Indiana Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Induana (b) Full maiden name of applicant's mother Clathice Stene of mother (if deceased, so state) Thex presince Residence of mother (if deceased, so state) — Lydiana Birthplace of mother (State or foreign country) Indiana **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_ I swear/affirm that the information given day of March, 19 9) day of March 19 9/ / formit duran clerk of the HENDRICKS lexue taws an Clerk of the\_ HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued \_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of . County, Indiana, 3-11-91 MARVIN MALICOAT \_, authorizing the marriage of \_ DONNA LeGRAND . I further certify that the following marriage certificate was filed in my office: LARRY JUDD 3-16-91 (name), certify that on \_

HENDRICKS

PASTOR

3-19-19

County \_

County\_

IN

IN

HENDRICKS

(date).

HENDRICKS

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of

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

County, Indiana,

\_(state), and \_

(official designation)

County, Indiana, dated 3-16-91

(state) were married by me as authorized

Clerk

Circuit Court

Form Prescribed By

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

## STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR I	12
HEND	RICKS County File
	B-12-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes  If No, Medical Examination or Report Dated  Name of Physician Andrew Programmer Andrew Pro
MALE APPLICANT  Name First Middle Last	FEMALE APPLICANT  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
3675 Greland Dr. Magslo.	Mind we bleefligh of
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never-Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 5 87
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 内 Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes
If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes □  2. Are you related to the male applicant closer than second cousin?  No ✓ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?  No No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Lee Thems	6. (a) Full name of applicant's father b) Wan July
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sundy how I listed	(b) Full maiden name of applicant's mother Latinga Lucer
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant & daura J. Koach Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given  SS:  (a) I swear/affirm that the information given  SS:  (b) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information giver
County of RENDRICKS  Signed County of A Co	County of RENDICAS  Signed X Saura J - Roach  in this application is true and correct
New Address Subscribed and sworn to before me this	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of 3, 19 11  Mule April Clerk of the HENDRICKS Circuit Cour
CONSTRUCTOR DESCRIPTION OF CONSTRUCTOR OF CONSTRUCT	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	
dated 3-12.91, authorizing the marriage of	DAVID L. KEMP
and LAURA J. ROACH  I, CHARLES ELSTON	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on4-6-91
(date), atINDIANAPOLIS	in MARTON County, Indiana,
TAUDA T DOLOU . UGNDDTOVO	County (state), and
	unty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ CHARLES ELSTON	

\_ Clerk \_Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	DRICKS County File
	3-12-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No   Yes   If No,   Medical Examination or Report Dated   Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Aniol First Loo Middle Alarness	Name Space First Show Middle and Se All J
Date of Birth Month Day Q Year	Date & Birth Month Day Year 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Regidence Address Street on R. R. City County State	Residence Address Street-or R.R. City, County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Cother (Specify) A 4 1 1 2 4 2 4 2 6
Date of birth verified by: Birth Certificate Other (Specify) DA/ALING JULISE	Date of Differ Perinted by. Grant Certificate Politics (Openity) Million of California
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?  No  Yes   Yes   Yes   Yes   Yes    Yes    Yes    Yes    Yes    Yes    Yes    Yes    Yes    Yes   Ye	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Lester Ray Harness	6. (a) Full name of applicant's father Smilley Slexeff
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Attucky State (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Va Nouvellawill	Birthplace of father (State or foreign country) Adag Randon
(b) Full maiden name of applicant's mother VII Outs Little (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother ### TOPPER TOPPER (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Angleana	Residence of mother (if deceased, so state) Malaxa
Birthplace of mother (State or foreign country) Tylinder	Birthplace of mother (State or foreign country) Induana
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome)  Signature of Applicant  Authorized Date
The 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  Signed  New Address  I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Survey Hamber State of Indiana State of Indiana I swear/affirm that the information give in this application is true and correct New Address
Subscribed and sworn to before me this Att day of March, 19 9  HENDRICKS Circuit Court	Subscribed and sworn to before me this 2th day of Market, 19 9 HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, 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 sign state facts which make the consent of the other parent unnecessary
And the constitution of th	state facts which make the consent of the other parent offnecessary
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, th
and filed in, authoriz	
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana,  DANIEL L. HARNESS
and JACALYN HAMBLEN SENEFF	I further certify that the following marriage certificate was filed in my office
I, CYNTHIA J. SPENCE (date). at DANVILLE	(name), certify that on 3-12-91in HENDRICKS County, Indiana,
	inHENDRICKS
JACALYN SENEFF of HENDRICKS Co	ountyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ CYNTHIA J. SPENCE	100 DEDUME OF EDIA
Filed and recorded in accordance with the laws of the State of Indiana on_	3-12-91 (date).

Aprison HENDRICKS

\_Clerk Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County File
	3-12-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No V Yes I  If No, Medical Examination or Report Dated  Name of Physician J G Day
MALE APPLICANT	FEMALE APPLICANT
Steel / Middle 3 / Last	Name A First Middle But held
Date of Birth Month 1, Day 10px	Date of Birth J Month Day Spar
Place of Birth (State or foreign country)	Place of Birth (State of foreign country)
Sharana	Residence Address A Street or R.R. City / 96unty / State
Residence Address Kon Street or R.R. Brownsburg Hendricks State	6 Kishing Km Grownsking Hurdricks Kin
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Satus: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Winter XIOURSU	Date of birth verified by: Birth Certificate Dother (Specify) Such Such Such Such Such Such Such Such
Are you now or have you ever been adjudged to be of unsound mind?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? Nd Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   es
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 4.	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Not Yes  Yes  Yes
4. Are you now under the influence of a narcotic drug?  No   Yes   List the full names of any dependent children	List the full names of any dependent children.
	- 10.01
6. (a) Full name of applicant's father Loadore Liharr	6. (a) Full name of applicant's father Charles Stade Brinkley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother another bound for the second form of applicant is mother another bound for the second form of applicant is mother another bound for the second form of the secon
(b) Full maiden name of applicant's mother (SULLY) (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Lindiana	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
Oler Of Court	
State of Indiana  County of HENDRICKS  Signed New Address  Subscribed and sworn to before me this day of HENDRICKS  Clark of the HENDRICKS  Clark of the HENDRICKS  Clark of the HENDRICKS  Clark of the HENDRICKS	State of Indiana  County of HENDRICKS  Signed Convert  New Address  Subscribed and sworn to before me this day of HENDRICKS  Circuit Court
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	state tacto which make the conson of the case participation of
State of Indiana ) ss:	State of Indiana )  HENDRICKS SS:
County of HENDRICKS  Father ID #	County of   ID #
Father ID #  Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 3/2-44, authorizing the marriage of	Lawrence S. Lehner  I further certify that the following marriage certificate was filed in my office:
I. Laurence Elis Milder	I further certify that the following marriage certificate was filed in my office: (name), certify that on 3-23-91
(date), at Indianapolis Hebrew Congregation	_ in Marion County, Indiana,
Lawrence S. Lehner of Hendricks Connie L. Brinkleyof Hendricks Co	County Indiana (state), and 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 3-23-91
Signed by: /s/ Laurence Elis Milder Filed and recorded in accordance with the laws of the State of Indiana on_	Rabbi (official designation) 4-2-91 (date).

\_\_\_\_ Clerk \_Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 75

File 3-12-91

Date of Application

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

			GIAN DE
Female Applicant 50	No 🗆	Yes 🗆	A
If No, Medical Examination	on or Report	Dated	
Name of Physician \	Main	Jones	THE PARTY

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
John B Bruner	Name First Middle Shrake.
Date of Birth Day Year 29 US	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
159 W.St. Plainfield IN 4668	159 Westst. Hainfield In 4616
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  Note: Yes   Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes   No Yes   No Yes   Yes   No Y	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?  No Yes    2. Are you related to the male applicant closer than second cousin?  No. Yes   3. Are you now under the influence of an alcoholic beverage?  No. Yes   Yes   Yes   Yes    Yes    Yes	
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father James R. Bruner	6. (a) Full name of applicant's father Kenneth wesley Shrake S
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TNDIANA	Residence of father (if deceased, so state) TUDIAN A
Birthplace of father (State or foreign country). The (b) Full maiden name of applicant's mother and the property of the proper	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (CCO) 1+10
(b) Full maiden name of applicant's mother ' UST ( H adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Date 3/2-9/	Signature of Applicant Auroca M Shrako Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Game As Alsove  Subscribed and sworn to before me this 12th day of March, 19 91  Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Ss:  I swear/affirm that the information give in this application is true and correct New Address  New Address Same As Above  Subscribed and sworm to before me this 1 200 day of March 19 91  Cannot have a constant the HENDRICKS Circuit County of the HENDR
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana )  HENDRICKS SS:	State of Indiana  County of HENDRICKS  State of Indiana
tate of Indiana ) ss:	State of Indiana ) County of HENDRICKS ss:
tate of Indiana ) ss: ounty of ID # lother ID #	State of Indiana ) ss:  County of HENDRICKS   ID #
tate of Indiana ) ounty of	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #
tate of Indiana ) ss:  Sounty of HENDRICKS ) ss:  Stather ID #	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #
tate of Indiana ) ss:  founty of	State of Indiana County of HENDRICKS Satisfies ID #  Mother Subscribed and sworn to before me this day of 19  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued
state of Indiana  Sounty of HENDRICKS  ather	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of 19  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued 10  ces and directs the issuance of a marriage license to the above named parties
tate of Indiana  Sounty of	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued license to the above named parties  SE AND MARRIAGE CERTIFICATE  Serk of the Circuit Court of HENDRICKS County, Indiana,
tate of Indiana ounty of	State of Indiana County of HENDRICKS  Father ID #
county of	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued Ces and directs the issuance of a marriage license to the above named parties and directs the issuance of a marriage license to the above named parties of the Circuit Court of HENDRICKS County, Indiana, JOHN R. BRUNER  I further certify that the following marriage certificate was filed in my office
tate of Indiana ounty of	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Clear  A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Eark of the Circuit Court of HENDRICKS County, Indiana, JOHN R. BRUNER  I further certify that the following marriage certificate was filed in my office (name), certify that on 3-26-91
RETURN OF MARRIAGE LICENSE    County of	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Cler  A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Eark of the Circuit Court of HENDRICKS County, Indiana,  JOHN R. BRUNER  I further certify that the following marriage certificate was filed in my office.  (name), certify that on 3-26-91  in MORGAN COUNTY County, Indiana,  County IN (state), and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  And filed in	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued  tes and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Serk of the Circuit Court of HENDRICKS County, Indiana,  JOHN R. BRUNER  I further certify that the following marriage certificate was filed in my office  (name), certify that on 3-26-91  in MORGAN COUNTY County, Indiana,  County IN (state), and  Security IN (state), and  Security IN (state) were married by me as authorized
RETURN OF MARRIAGE LICENSE  and filed in	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued Ees and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Serk of the Circuit Court of HENDRICKS County, Indiana, JOHN R. BRUNER I further certify that the following marriage certificate was filed in my office (name), certify that on 3-26-91  in MORGAN COUNTY County, Indiana, County IN (state), and  sunty IN (state) were married by me as authorized.

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes I If No, Medical Examination or Report Dated 37.91 Name of Physician
MALE APPLICANT  Name First Middle Last	FEMALE APPLICANT  Name First Middle Last
Date of Birth Richard L. Day Year	Date of Birth Mogth Day Year
1 24 34	8 24 54
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Add abo.	Residence Address Street or R.R. City County State  1998 State  4 Plbd
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8 7	Last Marriage Ended By: Death Divorce Annulment Date "3 - 28 . 88
Date of birth verified by: Birth Certificate Dother (Specify) Dr. 37 v.	Date of birth verified by: Birth Certificate Dother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No	Are you now or have you ever been adjudged to be of unsound mind?     No ☒ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No  Yes    No  Ye	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No   Yes   Yes □
5. List the full names of any dependent children. Ruband Q.	List the full names of any dependent children.
6. (a) Full name of applicant's father South Educad Rance	6. (a) Full name of applicant's father Canes Quation Williams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)   fur flowing and.
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother house to be the state of the s	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Moother State State
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 3//3/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has 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: In this application is true and correct.  Signed   Signed   Section   Signed   Signed	State of Indiana  County of HENDRICKS  Signed HENDRICKS  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  Advisor of the HENDRICKS  Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, RICHARD LEE DAVIS
	I further certify that the following marriage certificate was filed in my office: (name), certify that on 3-23-91
(date), at ST. MARK'S EPISCOPAL CHURCH	_ in HENDRICKS County, Indiana,
RICHARD LEE DAVIS of MARION	County (state), and
annetta sue williamson of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty (state) were married by me as authorized County, Indiana, dated 3-25-91
Signed by:/S/ JACQUELINE A. MEANS Filed and recorded in accordance with the laws of the State of Indiana on	, PRIEST (official designation) 3-26-91 (date).
	Signed Tours January Clerk

\_Clerk \_Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	RICKS County File
	3-13-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 3-6-91  Name of Physician
10 01-7-0 commits a Glass D lotory.	
MALE APPLICANT	FEMALE APPLICANT
Name Aller First 10 and Middle Last	Name Sally Son no doch sto + los
Date of Birth 7 Month Day 11 Year 64	Date of Birth Month Day Year 55
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country)  Andiaxa
Residence Address Street on R.R. City County State  035-49 his Ale Albindia Alexander	Residence Address / Street or R. Pr. City Hendricks State
Previous Marriad Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OPANO. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Dother (Specify)
Date of birth verified by: Birth Certificate Other (Specify)	Date of offit verified by.
Are you now or have you ever been adjudged to be of unsound mind?     No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  No ✓ Yes ✓  3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes ✓	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   es
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Heal Keltner	6. (a) Full name of applicant's father faul Lean Hachstetle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Jelda Ran Wash	Birthplace of father (State or foreign country) find the fact of the father (State or foreign country) find the father fa
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Analana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Illumination	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Date 3-13-91  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana  Ocupy of HENDRICKS  Ss:  I swear/affirm that the information given ss:  In this application is true and correct.	State of Indiana ) I swear/affirm that the information give County of HENDRICKS ss: in this application is true and correct in the
Signed Namh hotten	Signed Latting of The Laterbu
New Address	New Address day of , 19
Subscribed and sworn to before me this day of, 19	Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Countries HENDRICKS ss:	State of Indiana ) State of Indiana ) State of Indiana ) State of Indiana )
County of HEVENCES   ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authorize	Court, by written order issued to the above named parties
and med m, authoriz	es and directs the issuance of a marriage needs to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana
dated 3-13-91, authorizing the marriage of and Kathy Leanne Hochstetler	I further certify that the following marriage certificate was filed in my office
I. William R. Clayton	(name), certify that on 3-30-91
(data) at Plainfield	: Hendricks County Indiana
Darren Wood Keltner Hendricks  Karen Leanne Hochstet er Hendricks Co	County IN (state), and
under a marriage license that was issued by the Clark of the Circuit Court	ounty IN (state) were married by me as authorize    HENDRICKS   County, Indiana, dated 3-30-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ William R. Clayton	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-3-91 (date).
	2.9
	Signed Come Dowson Cler
	HENDRICKS Circuit Cour

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	RICKS County File
	3 ~ /3 · 9 /  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☐ Yes ☐
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated  Name of Physician K. Stegemaller
MALE APPLICANT	FEMALE APPLICANT
Name Selil First Septrey Burgan	Name Eva First Beth Middle Gush
Date of Birth Day 18 Year 52	Date of Birth Month Day 1 Year 5 7
Place of Birth (State or foreign country Landenous Victoria australia	
Residence Address Street or R.R. Plumton South Australia	Residence Address/ Street of R.R. City County State India.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married  OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dottrer (Specify) PAINLY Success	Date of birth verified by: Birth Certificate Gother (Specity) Dhurun License
Are you now or have you ever been adjudged to be of unsound mind?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   es	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   es
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. List the full names of any dependent children.
	Grander, Werley Rush
6. (a) Full name of applicant's father William Issacious	12 6. (a) Full name of applicant's father Halph Rugene Helly
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) S. QUINTRALLIA	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Although the state of father (State or foreign country)
(b) Full maiden name of applicant's mother Auby Eller Walker	(b) Full maiden name of applicant's mother facility facility Wall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date  3-13-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: Oin this application is true and correct.
Signed Mus James	Signed Cotta D. Leet
New Address day of , 19	New Address day of , 19
Clerk of theCircuit Court	Clerk of theHENDRICKSCircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana ) SS:
County of HENDRICKS SS:	County of HENDRICAS
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 3-13-91, authorizing the marriage of _	
I, JACK RUSSELL	(name), certify that on 4-13-91
(date), atINDIANAPOLIS	in MARION County, Indiana,
JEFFERY BURGAN OF HENDRICKS  EVA BETH RUSH OF HENDRICKS Co	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	F County, Indiana, dated4-13-91
Signed by: /s/ JACK RUSSELL	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-18-91 (date).
	Signed Innie Tourson Clerk
	HENDRICKS Circuit Court

\_Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50	No 🗆	res □
If No, Medical Examination	n or Report Date	ed 3-6-91
Name of Physician	MATERIAL PROPERTY.	

MALE ADDITIONAL	FEMALE ADDITIONAL
MALE APPLICANT  Name C First Middle	FEMALE APPLICANT  Name
Larry Dewayne Strake	alice Maxine Straple
Date of Birth Month Day 3 Year 48	Date of Birth Month 27 5-5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) California
Residence Address Street or R.R. Cify County State	Residence Address Street or B.B. City County State
29 Ferracilly NA, Disconvinery, Heranices, Mac	29 Pichally Na, Diswredurg, Heraruts, and
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Softer (Specify)	Date of birth verified by: Birth Certificate Gother (Specify) White Sugar
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No / Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.   The full laws strate   4. Are you now under the influence of a narcotic drug?  No Yes  5. List the full names of any dependent-children.	
Cacilia Koxe Strape	Celcilia Hose Strake
angla Marye Strade	angla Mary Strakl
6. (a) Full name of applicant's father Moult Joseph Strake	6. (a) Full name of applicant's father West Eugen Saucey
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Adiaxa Alceased	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Andrasa (
(b) Full maiden name of applicant's mother Mary Marcy Carusa	(b) Full maiden name of applicant's mother Martha Markluste
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country). Kenneywania	Residence of mother (if deceased, so state)
Bittiplace of moties (State of foreign country)	Bittiplace of motiver (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 3-13-91	Signature of Applicant & Clice Stroke Date 3-13-9
ALL SAN PROPERTY MA	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Date	Cien of Court
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Jarry D. Arrall	Signed X (2002) (2007) New Address
Subscribed and swofn to before me this 13th day of March 19 91	Subscribed and sworn to before me this 13th day of March, 19
Clerk of the HENDRICKS Circuit Court	Coccus diversity of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 3-13-91, authorizing the marriage of andAlice Maxine Strahl	
	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on 3-20-91
(date), at Brownsburg	in Hendricks County, Indiana,
Larry Dewayne Strahl of Hendricks	County Indiana (state), and
Alice Maxine Strahl of Hendricks Co	nunty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ David M. Strahl	HENDRICKS County, Indiana, dated 4-20-91 (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-8-91 (date).
	2 . 0
	Signed Conne Towson Clerk
	HENDRICKS Circuit Court

## STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR I	<b>X</b> 0
HEND	No
	File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No   If No,   Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name & Coutt Pirst Outthern Breeze	Name List Middle Last Last
Date of Birth Month Day yell	Date of Birth Month Day Year 1972
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Judish Murcan Im
Residence Advisor Street or R.R. City County State	Residence Address
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married D OP No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate	Date of birth verified by: Sirth Certificate Affice (Specify)
driving lecence	driving lierie
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
<ol> <li>Are you related to the female applicant closer than second cousin?</li> <li>Are you now under the influence of an alcoholic beverage?</li> <li>Yes \( \subseteq \) Yes \( \subseteq \)</li> </ol>	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
THE RESIDENCE OF THE PARTY OF T	
6. (a) Full name of applicant's father William T. Brigan	6. (a) Full name of applicant's father Karry Rass Pary
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Plainbuick
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Janice Kay Fleener	(b) Full maiden name of applicant's mother Junka Caral Roac
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) (Influsion, In-	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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  3/14/91  X	immune deficiency syndrome).  Signature of Applicant Susa Syna Ping Date 3-14-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	Clerk of Court Date
State of Indiana ) ss:  County of HENDRICKS Signed Scott Bryan I swear/affirm that the information given in this application is true and correct.	State of Indiana  County of HENDRICKS  Signed HENDRICKS
New Address 326 1/2 South Vine Street	New Address 326 1/2 & Vink Skeet
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Citir of the	
CONSENT OF PARENTS, PARENT, 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 ) SS:	State of Indiana )  HENDRICKS SS:
County of	County of
Father ID #  Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT:	A marriage license having been refused to the above named parties, the
County	Court, by written order issued tes 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 Cl	
dated 3/14/91, authorizing the marriage of _	SCOTT ANTHONY BRYAN
I, DON C. TRUEX	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), atPLAINFIELD	in HENDRICKS County, Indiana,
SCOTT A. BRYAN OF HENDRICKS	County IN (state), and
LISA L. PING of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of	the same of the sa

\_ (date).

Tonnie Roman HENDRICKS

(official designation)

\_ Clerk \_Circuit Court

, EVANGELIST

Signed \_

3-26-91

Signed by: \_\_\_\_/s/\_ DON\_C. TRUEX
Filed and recorded in accordance with the laws of the State of Indiana on\_\_

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No No Yes	
If No, Medical Examination or Report Dated	3-15-91
Name of Physician W.C. Stagged	Mary Market Company

HENDRICKS

Circuit Court

Name First Middle Last	FEMALE APPLICANT
	Name First Middle Last That De.
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)
The of chitin (chaire or foreign country)	There or Dirith (Dilling of Holeight Country)
Residence Address Street or B.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date & C
Date of birth verified by: Birth Certificate October (Specify)	Date of birth verified by: Birth Certificate Bother (Specify) Do Line ()
	ACTION OF THE PROPERTY OF THE PARTY OF THE P
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ■	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes □
1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes	Are you now or have you ever been adjudged to be of unsound mind?     No
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ▶ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Sour & Massy	6. (a) Full name of applicant's father Randy Unistensial Wie
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Shary Ton Sud.	Residence of father (if deceased, so state) and alea.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Whats Regular	(b) Full maiden name of applicant's mother whom you stolk
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Sumples of money (state of foliage) country).	Distriplace of motifer (State of Tolergin Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applicant X Dutch M. Moury Date 3-15-91	Signature of Applicant Successful Court Successful Signature of Applicant Successful Court Successful Successf
Signature of Applicant Date Date Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the abov
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given county of HENDRICKS ss: in this application is true and correct.	State of Indiana ) I swear/affirm that the information give County of HENDRICKS ) ss: in this application is true and correct
Signed X Jord M. Mary	Signed Ducieus h. Thorpe
New Address	New Address
Subscribed and sworn to before methis	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Liquid Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PURPLY PURPLY OF CHIPPIN
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
	We the parente of this applicant bereby give concept for this marriage II only one parent signs
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary  State of Indiana
We, the parents of this applicant, hereby 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 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:  Tather
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS SS:  Father
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	State facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Sas:  ID #
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 7.19  Cle
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19  Cole  A marriage license having been refused to the above named parties, the
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of 10 # Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	state facts which make the consent of the other parent unnecessary  State of Indiana County of
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of 10 # Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 #  County of HENDRICKS  Tather  Subscribed and sworn to before me this day of 19 County of 19 Coun
We, the parents of this applicant, hereby 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  Sas:  ID #  Mother  Subscribed and sworn to before me this day of 19  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in , authoriz	State facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 #  County of HENDRICKS  Father ID #  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued 10 the above named parties and directs the issuance of a marriage license to the above named parties
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in , authoriz	State facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of 10 #  Cole  A marriage license having been refused to the above named parties, the Court, by written order issued 10 the above named parties  SE AND MARRIAGE CERTIFICATE
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	State facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of ID #  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued license to the above named parties  SE AND MARRIAGE CERTIFICATE  Eark of the Circuit Court of HENDRICKS County, Indiana,
We, the parents of this applicant, hereby 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  Father  Mother  Subscribed and sworn to before me this day of 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County and filed in , authoriz  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cledated 3-15-91 authorizing the marriage of and Michelle L. Thorpe	state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued  Tes and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Todd N. Macy  I further certify that the following marriage certificate was filed in my office.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	State facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued  Tes and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Todd N. Macy  I further certify that the following marriage certificate was filed in my office (name), certify that on 4-6-91
We, the parents of this applicant, hereby 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  Father  Mother  Subscribed and sworn to before me this day of 10 #  Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in , authoriz  RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cledated 1  , authorizing the marriage of and Michelle L. Thorpe  I, Myron Barnard (date), at Indianapolis	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued Ees and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Eark of the Circuit Court of HENDRICKS County, Indiana, Todd N. Macy  I further certify that the following marriage certificate was filed in my office (name), certify that on 4-6-91  in Marion County, Indiana,
We, the parents of this applicant, hereby 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  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued ID #  Todd N. Macy  If urther certify that the following marriage certificate was filed in my office (name), certify that on 4-6-91  in Marion County, Indiana, County Indiana, County Indiana (state), and
We, the parents of this applicant, hereby 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	State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued ID #  Todd N. Macy  If further certify that the following marriage certificate was filed in my office (name), certify that on 4-6-91  in Marion County Indiana, (state), and ID #  State of Indiana (state), and ID #  Ses:  Described and sworn to before me this ID #  County ID #  Les and directs the above named parties of the above named parties of the circuit Court of HENDRICKS County, Indiana, (state), and ID
We, the parents of this applicant, hereby 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  Father ID #  Subscribed and sworn to before me this day of ID #  Court, by written order issued  tes and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Eark of the Circuit Court of HENDRICKS  Todd N. Macy  If urther certify that the following marriage certificate was filed in my office (name), certify that on 4-6-91  in Marion County, Indiana, County Indiana (state), and

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	3.15.91
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ♥ Yes □ If No, Medical Examination or Report Dated
ircuit court when the person applies for a marriage license under	Name of Physician Washel Bandona
C 31-7-3 commits a Class D felony.	Mend from The
MALE APPLICANT	FEMALE APPLICANT
arme First Middle Last	Name First Middle \( \text{Last} \)
ate of Birth Day Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
asidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Survey Survey	POBOX 35 Carteralung Ind. 1.78
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 2-23-78.	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate (Specify)	Date of birth verified by: Birth Certificate (Specify) Status Reg
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?     No ☒ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒️ Yes ☐
Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  No S Yes	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No 1 Yes   5. List the full names of any dependent children.
or > M & A L	6. (a) Full name of applicant's father Edward Whymeret (
(a) Full name of applicant's father the land of the la	6. (a) Full name of applicant's father the William (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (b) (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (b) Substitution (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
gnature of Applicant Date 3-15-91  The above applicant has objected to verifying by oath or affirmation or signature to the above exhaust of religious beliefs.  Date Date Date Date	Signature of Applicant Care T A Leve Date 3-15-9  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
	Name of the Party
tate of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information given
Signed Million of Sonith in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address	New Address
day of 3 , 1991  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 15 day of 3, 19 91  LOWING Clerk of the HENDRICKS Circuit Count
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana )	State of Indiana )
bunty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	Father ID #
other ID #	Mother ID #  Subscribed and sworn to before me this day of, 19
other ID #	
other ID # Ubscribed and sworn to before me this day of , 19 Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Subscribed and sworn to before me this
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me thisday of, 19Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County, authorize	Subscribed and sworn to before me this
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me this
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me this
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me this
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me this
Clerk  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County  RETURN OF MARRIAGE LICENSE  certify that there was filed in my office a marriage license issued by the Cledated  Lana J. Adkins  Milton J. Smith  J. Marion  County  RETURN OF MARRIAGE LICENSE  Authorizing the marriage of  Milton J. Smith  J. Marion  County  Authorized  Author	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A  County	Subscribed and sworn to before me this

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County 1591 Female Applicant 50 No 点 IC 31-7-9-1. Furnishing false information upon applying for license. Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Annulment Divorce Death Date 11.85 Last Marriage Ended By: Divorce Annulment Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No No Yes Yes 🗌 No 🗌 Yes 🗌 No 🗆 Yes 🔲 No X Yes Are you related to the female applicant closer than second cousin? Yes 🗌 No D Yes 🗌 Are you now under the influence of an alcoholic beverage? Yes 🗌 No II Yes 🔲 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases gnen The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_ County \_ Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, \_ , authorizing the marriage of \_\_\_\_ TERRY LEE RIDNER 3-15-91 SHELBY LYNNE AGNEW . I further certify that the following marriage certificate was filed in my office: CYNTHIA J. SPENCE \_ (name), certify that on \_\_\_ DANVILLE HENDRICKS (date), at \_\_\_\_ County, Indiana,

County \_\_\_ IN

HENDRICKS

(date).

, 1ST DEPUTY CLERK

3-15-91

County\_

Signed .

MARION

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

\_(state), and \_

\_ (official designation)

\_County, Indiana, dated \_

(state) were married by me as authorized

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

TERRY LEE RIDNER

SHELBY LYNNE AGNEW

Signed by: /s/ CYNTHIA J. SPENCE

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ∰ Yes □  If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Wagner
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Day Year
5 27 64	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	TO
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date Of	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate AO(ther (Specify)	Date of birth verified by: Birth Certificate Bother (Specify)
page of cultivation of the page of the analysis of the analysi	1 2/1/2.
1. Are you now or have you ever been adjudged to be of unsound mind? No 🔼 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind?  No ☒ Yes ☐
1. Are you now or have you ever been adjudged to be of unsound mind?  No [X] Yes   If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes \
5. List the full names of any dependent children.	5. List the full hames of any dependent children.
1911	Co W. 1 V Horse
6. (a) Full name of applicant's father only Educated Stephens (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father flames Michael Andry (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Manyulle Lid.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sharen Type Brann	(b) Full maiden name of applicant's mother Land Lead
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Sharton
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 3/15/41	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  3/15/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Clerk of Court Date	Clork of Cook
State of Indiana  County of HENDRICKS  Signed Signe	State of Indiana  County of HENDRICKS  Signed Signed Iswear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this
Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PAPENT OF CHAPPIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Chate of Indiana	State of Indiana )
State of Indiana ) ss:	County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19  Clerk	Subscribed and sworn to before me this day of, 19  Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE  ork of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	JEFFREY A. STEPHENS County, Indiana,
and MARLENE M. KNOTTS	I further certify that the following marriage certificate was filed in my office:
I, DAVID H. COLEMAN	(name), certify that on 3-22-91
(date), at DANVILLE  JEFFREY A STEPHENS of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
MARLENE M. KNOTTS of HENDRICKS	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized  HENDRICKS County, Indiana, dated 3-22-91
Signed by: /S/ DAVID H. COLEMAN	
Filed and recorded in accordance with the laws of the State of Indiana on	3-22-91 (date).
	Signed
BOYCE FORMS + SYSTEMS 1400-382-4702 1477	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 3-15-91
Date of Application

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

Female Applicant 50 No ☑	Yes □
If No, Medical Examination or Re	port Dated
Name of Physician Nicholas	n. Trockorous M. Ll.

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Telagre Cugine Widdle Woolard	Name Sherrie Last Woolard
Date of Birth August 16 1954	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Greet or R.R. City County State	Residence Address Stréet or R.R. City County State
_ 9601 Milosy Jane Juster 46231	9601 Meloky Jane, Inepe, In. 44231
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date .	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Lerwis Jucinse	Date of birth verified by: Birth Certificate Other (Specify) Driver Security
Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No Yes.	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   Yes   Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Michael Burry Woolford	5. List the full names of any dependent children. Paul Edward Washard Michelle Zyrn Washira
6. (a) Full name of applicant's father Russell Hale Wooland	6. (a) Full name of applicant's father Lexieth B. Clark
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) (MALARA)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Publicand
(b) Full maiden name of applicant's mother. Butta Mare Robertson	(b) Full maiden name of applicant's mother Cuelya Louise Barris
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Accessed
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Inliance
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 3/15/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Legge E. Coolard  New Address Same  Subscribed and sworn to before me this 15th day of Mar , 19 9 / HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed X Sherue J Woodand  New Address Same  Subscribed and sworn to before me this 15th day of Mary 19 91  Convict August Clerk of the HENDRICKS  Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 3-15-91, authorizing the marriage of	WAYNE EUGENE WOOLARD
andSHERRIE LYNN WOOLARD  I,CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office:
(date), atDANVILLE	in HENDRICKS County, Indiana,
WAYNE E. WOOLARD of HENDRICKS	County IN(state), and
SHERRIE L. WOOLARD of HENDRICKS Cou	unty IN (state) were married by me as authorized  HENDRICKS County Indiana dated 3-15-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CYNTHIA J. SPENCE	
Filed and recorded in accordance with the laws of the State of Indiana on	3-15-91 (date).
	Signed Mille House

### STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR I	31 2 10 10 10 10 10 10 10 10 10 10 10 10 10
HEND	No
	County  3 - 15 - 91  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Ves Using Yes If No, Medical Examination or Report Dated Name of Physician Annual Marlow
MALE APPLICANT	FEMALE APPLICANT
Name  First  Middle  Last  Ark  Camund  Day  Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  Previous Marriage States:  Never Married  OR No. of Previous Marriages  Last Marriage Ended By:  Death  Divorce  Annulment  Date	Name    First   Middle   Last   Last
Date of birth verified by:   Birth Certificate   Other (Specify)   Drewins Lecusion	Date of birth verified by: Sirth Certificate Other (Specify) Drivers Lines
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Harry Edmund Wagans	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father William Eugere Mauson.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Butty Source Cliott  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Beverly Warks Stery  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Yentucky
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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  3/15-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 3/15/91
The 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   1 swear/affirm that the information given in this application is true and correct.  Signed   Serve   Gay of May 19 9    Construct   Author Clerk of the HENDRICKS   Circuit Court	State of Indiana  County of HENDRICKS  Signed Signed Signed Source  New Address Source  Subscribed and sworn to before me this Subscribed and sworn to before me this HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 ) Father ID #  Mother ID #  Subscribed and sworn to before me this day of , 19  Clerk	State of Indiana  County of HENDRICKS  Father ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	Mark Edmund Hagans
I, John L. Hall	I further certify that the following marriage certificate was filed in my office: (name), certify that on4-6-91
	_ in Hendricks County, Indiana, County _ Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ John L. Hall  Filed and recorded in accordance with the laws of the State of Indiana on	minty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 4-6-91  Minister (official designation)  4-25-91 (date).

Signed .

\_ Clerk Circuit Court

Lawson HENDRICKS

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

\_\_\_\_ Clerk \_Circuit Court

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

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL.	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician Robert Piello M.D.
IC 31-7-3 commits a Class D felony.	· 自己的专家的基础。在1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,1000年间,
MALE APPLICANT	FEMALE APPLICANT
Name Girst Middle A Jordan	Name Sally T Anbroke
Date of Birth Month Day Year	Date of Birth Month Day Year S
Place of Birth (State or foreign country)  Indiana	Place of Birth (State or foreign country)  TNDIANA
Residence Address Street or R.R. City County State TW	Residence Address Street or R.B. City County State 405. Danville IN 46122
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Weense	Date of birth verified by: Birth Certificate Dother (Specify) DY IVEY MCENSE
Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind?  Yes
If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No. Yes   2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes ☐	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  Note: Yes:   Yes:
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  1. Ves   . Ves   1. V	4. Are you now under the influence of a narcotic drug?  Note: Yes   1. List the full names of any dependent children.
S. Est the fall names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father and durilliam Jordan	6. (a) Full name of applicant's father Kenneth Leo Pohlorcot
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TND/PNA  Birthplace of father (State or foreign country) TND/PNA	Residence of father (if deceased, so state) + lor local Birthplace of father (State or foreign country) + NDI HOA
(b) Full maiden name of applicant's mother Mary Low Brewer	(b) Full maiden name of applicant's mother Mary Jane Sharf
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) TUDIANA	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Florica
Birthplace of mother (State or foreign country) TADIMA	Birthplace of mother (if deceased, so state) Flor (Aa  Birthplace of mother (State or foreign country) Thouana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 3/15/91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroma).  Signature of Applicant  Date 3-/5-9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 15th day of 1990  I swear/affirm that the information given in this application is true and correct.  A graph of the information given in this application is true and correct.	State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of May CV , 19 CV
Circuit Court	Connie Tawor 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:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Indiana,
and SALLY J. ASHBROOKE , dathorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, JERRI R. DISBRO	(name), certify that on 3-16-91
GLEN A. JORDAN of HENDRICKS	County IN (state), and
SALLY J. ASHBROOKE of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 3-16-91
Signed by: /s/ JERRY R. DISBRO	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-19-91 (date).

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

86 88

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No 10 Yes  If No, Medical Examination or Report Dated  Name of Physician Dr. Rogues
MALE APPLICANT	FEMALE APPLICANT
First Middle Last Filed	Name Langa First Lay Middle Crasher
Value of Birth Day Year 1956	Date of Birth Month 34 Day 1953
Place of Birth (State or toubign country) Michigan	Place of Birth (State or foreign country)  Lindiana
Residence Address Stylet or R.R. City L. Courty State	Residence Address Street or R.R. Street or R.R. Street or R.R. Street or R.R.
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drubbo Kucussu	Date of birth verified by: Birth Certificate Other (Specify) Wall Kickhall
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  Not Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes	2. Are you related to the male applicant closer than second cousin?  No ✓ Yes ☐  3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes ☐
Are you now under the influence of an alcoholic beverage?  No  Yes  No  No  Yes  No	4. Are you now under the influence of a narcotic drug?
Example: List the full names of any dependent children. Country House Tryn,	5. List the full names of any dependent children. Blan Elle 14 yr. Harry 12 yrs. Malikur Scott 12 yr.
6. (a) Full name of applicant's father Harry Notaria Filip	6. (a) Full name of applicant's father Robert Lleve Lleak M.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Bithology of father (State or foreign country)  Waldera
Birthplace of father (State or foreign country).  (b) Full maiden name of applicant's mother was man kulturns.	Birthplace of father (State or foreign country). Somewhat Hatchell  (b) Full maiden name of applicant's mother Aller Hatchell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthology of mother (State or foreign country)	Residence of mother (if deceased, so state) Smallagra
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndeme). There A. Felif Date 3-8-91	(Signature of Applicant Donna Hay Craner Sale 3-18-9)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Signed Same New Address Subscribed and sworn to before me this Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  Aday of March 1991 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENT OF CUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )	State of Indiana )
County of HENDRICKS ss:	County of
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
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, authority	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN.  I certify that there was filed in my office a marriage license issued by the C	SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 3-18-91, authorizing the marriage of _	BRUCE GILBERT FELIX
I STEPHEN WHITE	I further certify that the following marriage certificate was filed in my office: (name), certify that on 3-23-91
(date), atPLAINFIELD	in HENDRICKS County, Indiana,
BRUCE GILBERT FELIX of HENDRICKS	County TN (state), and
DONNA KAY CRAMER of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorized f HENDRICKS County, Indiana, dated 3-27-91
Signed by: /s/ STEPHEN WHITE	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	3-27-91 (date).
	Signed Clerk

\_\_\_\_ Clerk \_Circuit Court

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

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No  Yes  If No, Medical Examination or Report Dated  Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Christopher Middle Phillips	Name First Middle Last Last
Date of Birth Day Year	Date of Birth Month Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Regidence Address Street or B.R. City, County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. (of Previous Marriages)
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dether (Specify) Dr. Agunse	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No    Yes	Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes ☐     If answer is "yes," has the adjudication been removed?     No ✓ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🛛 Yes [
3. Are you now under the influence of an alcoholic beverage? No   No   No   No   No   No   No   No	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes [
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
0.01-11.	
6. (a) Full name of applicant's father Jolan Fullips	6. (a) Full name of applicant's father Thomas Kennelly
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Smalpho, Sh
(b) Full maiden name of applicant's mother of Mrsulpu Smith	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Aura Robbisso
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 3-18-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome).  Signature of Applicant  Date 3-18-
The 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 ab acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information gi
County of HENDRICKS ss: In this application, is true and correct.	County of HENDRICKS ss: in this application is true and corr
New Address 6334 Markages Ave	Signed Swam Mannell New Address 6334 Markworks
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Commission Question HENDRICKS Circuit Court	Committee August Clerk of the HENDRICKS Circuit Co
CONSENT OF PAPENTS PAPENT OF CHARDIAN	COURTED OF BUTCHES OF GUIDANIA
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant, the parent significant is the parent significant is the parent significant.
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Countried HENDRICKS ss:	State of Indiana )  State of Indiana )  HENDRICKS 55:
County of	County of ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	C
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $3-18-91$ , authorizing the marriage of Ch.	erk of the Circuit Court of HENDRICKS County, Indiana
I. S. Creston Eckart	$\_$ . I further certify that the following marriage certificate was filed in my office $4-20-91$
(date), at Indianapolis	in Marion County, Indiana,
	County Indiana (state), and
Susan M. Kennelly of Marion Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ S. Creston Eckart	County, matana, dated  , Elder (official designation)  4-25-91 (date)

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Date of birth verified by: Birth Certificate Other (Specify) No 🗋 Yes 🗌 Yes 🗌 No 🔲 Yes 🗌 Yes 🔲 No 🗆 If answer is "yes," has the adjudication been removed? If answer is "ves," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗌 related to the male applicant closer than second cousin? No D Yes 🗌 No 🗹 Yes 🗌 No 🗸 Yes 🗌 Are you now under the influence of a narcotic drug? No D Yes 🗌 Are you now under the influence of a narcotic drug? No D Yes 🗌 List the full names of any dependent children. ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court State of Indiana HENDRICKS HENDRICKS HENDRICKS HENDRICKS Circuit Court Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued\_ authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, 3-18-91 \_ , authorizing the marriage of \_ and Roxann Lewis I further certify that the following marriage certificate was filed in my office: I, Stephen Lane (name), certify that on \_ (date), at New Life Community Church Morgan \_ County, Indiana, County Indiana Douglas N. Gillaspy of \_(state), and \_ Hendricks Indiana Roxann Lewis \_ of\_\_\_\_ County. (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 3-23-91 Minister

4-2-91

(official designation)

Circuit Court

/s/ Stephen Lane

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes III If No, Medical Examination or Report Dated

Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name Dennis Middle Last Davis	Name Dehoral Andele Hast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City County D State	Residence Address Street or R.R. City County State
35 Robin wood Dr. Brownstaire	35 Kabin wood Dr. Brownsburg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drugs 10005	Date of birth verified by: Birth Certificate Some (Specify) Drivers License
	E LOCAL SE
Are you now or have you ever been adjudged to be of unsound mind?  No Yes	1. Are you now or how our horse affected to be of water a first and
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?      No      Yes      If answer is "yes," has the adjudication been removed?      No      Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children, JOSHUA WILSON, TREUGR WILSON, BLAKE HUGNES
	mean wind i plant ragies
6. (a) Full name of applicant's father Leonard Smyrns	6. (a) Full name of applicant's father LOVEN GRAPY
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) 10  (b) Full maiden name of applicant's mother 2000 2000 2000 2000 2000 2000 2000 20	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother 100000 (Circle)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 110 Y V V (110 100 100 100 100 100 100 100 100 10
Residence of mother (if deceased, so state) deceased	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Revis 7 Hours Date 3-21-91	XSignature of Applicant Relocation a Nurghes Date 3/21/91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana ) see:	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address Stewe	X Signed Velicusch a. Rughes New Address Same
Subscribed and sworn to before me this 21 day of 1991	Subscribed and swort to before me this 21 day of March 1991
Circuit Court	Connes Dawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
and the consent of the other parent difficuessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
county of <u>HENDRICKS</u>	County of HENDRICKS ss:
ather ID #	Father ID #
lother ID #	MotherID #
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed iff, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
ated $\frac{3-21-91}{2}$ , authorizing the marriage of $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	DENNIS L.DAVIS
DEBORAH A. HUGHES EDWARD DEAN DICKINSON	I further certify that the following marriage certificate was filed in my office:
EDWARD DEAN DICKINSON  late), atINDIANAPOLIS	(name), certify that on3-23-91
DENNIS I DAVIS . HENDRICKS	_ inMARIONCounty, Indiana,
DEBORAH A HIICHES C MARTON	county(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	univ Sales were murried by me as authorized
ligned by: /s/ EDWARD DEAN DICKINSON	MINISTER (official designation)
filed and recorded in accordance with the laws of the State of Indiana on_	3-26-91 (date).
	SignedClerk
OYCE FORMS + SYSTEMS 1-800-388-8702 1477	HENDRICKS Circuit Court

IC 31-7-3 commits a Class D felony.

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician **FEMALE APPLICANT** Divorce D Last Marriage Ended By No Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No 19 Yes 🗌 No / Yes No D Yes 🗌 No Yes No D Yes 🗌 No / Yes now under the influence of an alcoholic beverage? No 🔽 Yes 🗌 No Yes No Yes 🗌 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court HENDRICKS \_ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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 \_ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties.

HENDRICKS

Circuit Court

MALE APPLICANT Divorce D Last Marriage Ended By: Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Full name of applicant's father Okval Frederick Durke ndiama of mother (State or foreign country) malaxex **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-21-91 authorizing the marriage of Frank Jay McIntire authorizing the marriage of \_\_ Melanie Jayne Cline . I further certify that the following marriage certificate was filed in my office: (name), certify that on 4-19-91Cynthia J. Spence Danville (date), at \_\_\_ in\_ Hendricks County, Indiana, County Indiana Frank Jay McIntire of Hendricks \_(state), and Melanie Jayne Cline of Hendricks \_ County \_ Indiana (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of \_ County, Indiana, dated 4-19-91 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 4-19-91(date). Clerk

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No DO A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Donald Johnson circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Date 9.90 Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Cher (Specify) Yes 🗌 Yes 🔲 No 🗌 Yes 🗌 No 🗆 Yes 🗌 No No Yes No Yes 🗌 Are you related to the female applicant closer than second cousin? No 🔯 Yes 🔲 Yes 🗌 Are you now under the influence of an alcoholic beverage? No DA Yes 🔲 Birthplace of mother (State or foreign country)\_ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_ HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-22-91 authorizing the marriage of Steven E. Meise HENDRICKS County, Indiana, , authorizing the marriage of Steven E. Meisenholder Marcella R. Loera and . I further certify that the following marriage certificate was filed in my office: Ronald Harris 3-31-91 (name), certify that on \_\_\_\_ Indianapolis (date), at Marion \_ County, Indiana, Steven E. Meiseholder of\_ Hendricks IN County \_ Marcella R. Loera Hendricks (state) were married by me as authorized County\_ under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 3-31-91 Signed by: /s/ Ronald Harris Reverand (official designation) Filed and recorded in accordance with the laws of the State of Indiana on\_ 4-4-91

Signed Cornie Sources Clerk

HENDRICKS Circuit Court

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No ☐ Yes If No, Medical Examination or Report Dated Name of Physician \_\_\_\_\_ Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name // First / Middle / Jast · /	Name   Figst   Middle   Last
Date of Birth Justine Land Month & Day Year Year	Date of Birth Months Day Year
7/02/10/1966	- 4/lar 1 1965
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married  OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
	Previous Marital Status: Never Married ( F No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
If answer is "yes," has the adjudication been removed?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father // Jechseff Filtle	6. (a) Full name of applicant's father Desald & Kellenno
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (Stella or facility and south)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Sally Smith	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother and Chambers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Brownstura, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ANADOM FROMFIT
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome	immune deficiency syndrome).
Signature of Applicant Auction A Date 03 22 91	Signature of Applicant XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana  State of Indiana  I swear/affirm that the information given  ss:  in this-application is true and correct.
Signed X Michael Health	Signed Marion A. Bellens
New Address 5755 C VILLAS LD, MONTGOMERY, AL ZGILLO	New Address 2755 C Villas (n Mortgonery, AC
Subscribed and sworn to before me this 33 day of 11/14, 19 9/	Subscribed and sworn to before me this 22 day of 11/02, 19 4/
Court Court HENDRICKS Circuit Court	Comment of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana )  State of Indiana )  HENDRICKS SS:
County of HENDAUCKS ) Father ID #	County or)
Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage ligano having the second s
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
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated3-22-91	erk of the Circuit Court of HENDRICKS County, Indiana, Michael A. Pierle, II
, danier teng ine marriage of _	. I further certify that the following marriage certificate was filed in my office:
,Russell Obmann	
(date), atIndianapolis	_ in Marion County, Indiana,
Channel M Walland Manager	County Alabama (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Russell Obmann	Catholic Priest (official designation)
	$\frac{1}{4-9-91}$ (deta) (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	T J L (data)
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Marie Raws Clerk

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes 
If No, Medical Examination or Report Dated

Name of Physician

HENDRICKS

\_Circuit Court

MALE APPLICANT	FEMALE APPLICANT
ame Cas m; First Dimathy Evano	Name Wartha Sue Hardwick-Last
ate of Birth 12 Month Gay 9 Year 56	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street on R.R. City County State	Residence Address Street or R.R. A City County State
10228 Garara Dr. Indplo, Hendricks Indias	
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 9-6-85	Last Marriage Ended By: Death Divorce Annulment Date 80
ate of birth verified by: Birth Certificate QOther (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  9 No 1 Yes 1
Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
List the full harnes of any dependent criminen.	Stephen M. Fower
(a) Full name of applicant's father gold Gradier Evore	6. (a) Full name of applicant's father Lewis Q. Hardwick
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother 1000 Euclipe Peraking	(b) Full maiden name of applicant's mother Olice Mone Ditty
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Tillings and .	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) . V.H.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 3/22/91	Signature of Applicant XMalla Dave Date 3-22-91
U	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
cknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X TOTAL TOTAL	Signed X 11 and has Nover
New Address Subscribed and sworn to before me this 22 day of 3 , 19 9	New Address Subscribed and sworn to before me this day of 1991
Subscribed and sworn to before me this day of 19  Muse Described the HENDRICKS Circuit Court	Subscribed and sworm to before me trits day of
Office Of	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday 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	
	izes and directs the issuance of a marriage license to the above named parties.
	IOF AND MADDIAGE CENTIFICATE
	SEE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of,	cierk of the circuit court of
	. I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	
(date), atDANVILLE	
JOHN T. EVANS of HENDRICKS	County IN (state), and
MARTHA S. LOWER Of HENDRICKS C	
under a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 3-22-91
	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	3-22-91 (date).

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No ☐ Yes If No, Medical Examination or Report Dated Name of Physician \_\_\_\_\_ Yes □

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Mark First All Middle As Last	Name / First / Middle Last
Date of Birth Month Year / Year / /	Date of Birth Month Day 2 Year 5 Q
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Addregs Street or B.R. City County / State	Residence Addrages Street of Part City County / State
23 Linale live, Brownsburg Hendricks In	23 Sincoln (we Brownburg Hendricks and.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify)	Date of birth verified by: Birth Certificate Ofther (Specify) Julian Sicense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?      No Yes       Are you now under the influence of a narcotic drug?  No Yes   Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Marvin George Rice	6. (a) Full name of applicant's father Arbert Harald Martin
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 10 Uers Harala 1/1 Urus (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother flexe scelent flexoury  (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother // // // (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state). Apalana	Residence of mother (if deceased, so state) Ingliana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Indiana
ACKNOW! EDGMENT	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Carlo Signature Of App	Signature of Applicant Linda Frances Martin Date 3-2241
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Lances Tragany true	Signed Linda Frances Martin
New Address Subscribed and sworn to before me this 22nd day of March, 19 9/	New Address 22nd March 911
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Court
	( Guerra Jes John College Coll
CONSENT OF PARENTS, PARENT, 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 lacis which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGHTON INCLUSION OF THE CONTRACT OF THE	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cli	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	
andLinda Frances Martin	I further certify that the following marriage certificate was filed in my office:
I,John Hesseldenz	(name), certify that on 3-30-91
(date), atIndianapolisMarvin Gregory Rice ofHendricks	in Marion County, Indiana,
Linda Frances Martin of Hendricks Co	County Indiana (state), and unty 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 3-30-91
Signed by: /s/ John Hesseldenz	,
Filed and recorded in accordance with the laws of the State of Indiana on	4-9-91 (date).
	Signed Cornie Grawson Clerk
	Signed Clerk  HENDRICKS Circuit Court

\_Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Eric ( ) Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
michael T Campbell	Name Jennifer Middle Stafford
e of Birth Month Day Year	Date of Birth Month Day Year
ice of Birth (State or foreign country)	Place of Birth (State or foreign country)
Timbles	Calatornia
sidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State  State  Street or R.R. City County State
ovious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate ** Other (Specify) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of birth verified by: Birth Certificate Nother (Specify)
ate of birth verified by: Birth Certificate Mother (Specify) Dr. vers License	Date of birth verified by: Birth Certificate State (Specify) Driver License
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  Note: Yes:
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children. Kayla 1861516	5. List the full names of any dependent children Kayla Kel518
CHIBIOPHER COMPDEN	Christopher Campbell
Gary 60 (amount)	Eugone Stafford
(a) Full name of applicant's father (1) (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Eugene Stattord  (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TADIANA	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	Mr ons (b) Full maiden name of applicant's mother Bonnie Lynn Soan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Florida	Residence of mother (if deceased, so state) Calatornia
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) OK
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome)	immune deficiency syndrome).  Y Signature of Applicant 1 1 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1
gnature of Applicant / Coupled Date 5-CC- II	Signature of Applicant State S
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
	Commission of the Control of the Con
tate of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
county of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct
New Address SAME	New Address SAME
ubscribed and sworn 6 before me this 2 2nd day of Warch 19 9 1	Subscribed and sworn to before me this 200 day of March 1991
Circuit Court	Conne Course Clerk of the HENDRICKS Circuit Cour
Official Court	CONTROL INC.
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	The state of the s
ate of Indiana )	State of Indiana )
ounty of <u>HENDRICKS</u> ss:	County of HENDRICKS SS:
ther ID #	Father ID #
other ID #	MotherID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
OMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	and the state of a finding of the above finding parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cla	Michael T. Campbell
nted 3-22-91, authorizing the marriage of	
ated, authorizing the marriage of andJennifer L. Stafford	I further certify that the following marriage certificate was filed in my office.
ated 3-22-91, authorizing the marriage of  Jennifer L. Stafford P. Michael Thornburg	I further certify that the following marriage certificate was filed in my office (name), certify that on3-30-91
ated	I further certify that the following marriage certificate was filed in my office: (name), certify that on3-30-91 in Hendricks
ated 3-22-91 , authorizing the marriage of  Jennifer L. Stafford P. Michael Thornburg  date), at Danville Michael T. Campbell of Hendricks	I further certify that the following marriage certificate was filed in my office:  (name), certify that on
P. Michael Thornburg  date), at Danville  Michael T. Campbell of Hendricks  Jennifer L. Stafford of Hendricks Co.	
ated 3-22-91 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office
ated 3-22-91 , authorizing the marriage of	
ated 3-22-91 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office: (name), certify that on
ated 3-22-91 , authorizing the marriage of	

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No P Yes 
If No, Medical Examination or Report Dated 3-3-91

Name of Physician Mark C. Mills

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Lewis Dad Secretary	Name Kelli Kingan Elas Silant Lase 1
Date of Birth Day Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of B. B. City County State	Residence Address Street or RM. City Couply State
534 Enderly avenue apt C Brownsburg to	534 Enderly avenue apt 7 Brownshi
Previous Marital Status: Never Married OR No. of Previous Marriages #6/12	Previous Marital Status: Never Married Don No. of Previous Marriages 460
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Lorentee Successed	Date of birth verified by: Birth Certificate Other (Specify) Arivers Liceuse)
Curso Cicuso	Turkse
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No 2 Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
None	None
(a) Full name of applicant's father Llanny W. Glazenby	6. (a) Full name of applicant's father Randall See Westface
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Inligna	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Janise Con Hutchison	(b) Full maiden name of applicant's mother blorothy Louise Fe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Nevada
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) California
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nmune deficiency syndrome)	immune deficiency syndrome)
ignature of Applicant X Dull Man 10 10 10 10 10 10 10 10 10 10 10 10 10	Signature of Applicant XILLUX YMMCULLY CALL STORY
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss:	State of Indiana  I swear/affirm that the information given  County of HENDRICKS  ss:  / ^ nin this_application is true and correct.
Signed & Dennis Toda Roarenby	Signed to De Jumphaton O
New Address SAM &	New Address Scamb
Subscribed and sworn to before me this 25th day of March, 19 91	Subscribed and sworn to before me this 25th day of March, 19 9/
Conkue auson Clerk of the HENDRICKS Circuit Court	Connect Causen Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana )	State of Indiana
county of HENDRICKS ss:	County of HENDRICKS ss:
father ID #	FatherID #
fother ID #	MotherID #
subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
ated, authorizing the marriage of nd Kelli Lynn Westfall	Dennis Todd Leazenby
	I further certify that the following marriage certificate was filed in my office:
R. Michael Reed	(nume), certify that on
K. Michael Reed	
date), at Vincennes	in County, Indiana,
(date), at Vincennes	CountyIndiana(state), and
(date), at Vincennes  Dennis Todd Leazenby of Hendricks  Kelli Lynn Westfall of Hendricks Cou	County Indiana (state), and
(date), at Vincennes	County Indiana (state), and

\_Circuit Court

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#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No ☐ Yes If No, Medical Examination or Report Dated Name of Physician \_\_\_\_\_ Yes 🕱

MALE APPLICANT	FEMALE APPLICANT
Name Henderson Middle Johnston	Name Poloria A. Dunley
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
PO Box 42 Tall	5321 Stonley Nd . Shalph.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death D. Divorce Annulment Date £8-14-90	Last Marriage Ended By: Death Divorce Annulment Date 8 - 4 . 84
Date of birth verified by: Birth Certificate Scher (Specify)	Date of birth verified by: Birth Certificate (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No ✓ Yes ✓	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No 🔯 Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Lather Schular	6. (a) Full name of applicant's father Cames Remette Conart
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Deceased  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother blue Punglitan	(b) Full maiden name of applicant's mother Described Talance Talance
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country).	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the firus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant  Signature of Applicant  Signature of Applicant	immune deficiency syndrome).  Signature of Applicant XIIIII Aun Nundey Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) es / I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.  Signed Senderson Single	County of HENDRICKS ss: in this application is true and correct.  Signed Stand Ourse Merpell
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 25 day of 3 1, 19 91  Voyage August Clerk of the HENDRICKS Circuit Court
Clerk of the TEMPLICES Circuit Court	Clerk of the REVORTED Circuit Court
CONSENT OF PARENTS, PARENT, 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 )  Countried HENDRICKS ss:	State of Indiana )  HENDRICKS SS:
County of HENDINGS ) Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
andGLORIA A. NUNLEY	I further certify that the following marriage certificate was filed in my office:
I, Don C. Truex (date), at PLAINFIELD	in Hendricks County, Indiana.
HENDERSON JOHNSTON of HENDRICKS	County INDIANA (state), and
GLORIA A. NUNLEY of MARION Con	unty INDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Don C. Truex	
Filed and recorded in accordance with the laws of the State of Indiana on	5-22-91 (date).
	C . P
	Signed Clerk HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENI	DRICKS County File
	3-27-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes to If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	FEMALE APPLICANT  Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Review Solvers
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
CJ.	<u>Z</u> D
Residence Address Street or R.R. City County State	Residence Address Street or R.R.  City County State  TO State
Previous Marital Status: Never Married 🖸 OR No. of Previous Marriages	Previous Marital Status: Never Married AOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dither (Specify) Al- Release	Date of birth verified by: Birth Certificate Stother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  No 14 Yes   If answer is "'yes" has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  Yes
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No   ✓ Yes   ✓
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Bolling Man Woods	6. (a) Full name of applicant's father Reland goe Selvers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Mary Dru Dos sott	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Assures (0)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Date 3/27/19/  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	Signature of Applicant Associated to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and correct.
Signed Nouse C. Words	Signed of Jerry K. Dalyars
New Address	New Address Subscribed and sworn to before me this 3 day of 3 19 1
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Subscribed and sworn to before me this day of, 19	Mother ID # 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, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
lated, authorizing the marriage of	David A. Woods
and Jerilyn R. Salyers	I further certify that the following marriage certificate was filed in my office:
Andrew J. Simkins	(name), certify that on 4-6-91
Description of the state of the	T 3: - Commy, Indiana,
Jerilyn R. Salyers of Hendricks Cou	(State), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 4-6-91
Signed by: /s/ Andrew J. Simkins	
Filed and recorded in accordance with the laws of the State of Indiana on	4-10-91 (date).
the state of the state of the second of the	Signed Comic Fauson Clerk
10YCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

\_Circuit Court

\_\_\_\_ Clerk \_Circuit Court

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

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

내가 있는 것이 되는 것은 것이 없었다. 그리고 있는데 그 없는데 없었다.	No. 101
HEND.	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Ves If No, Medical Examination or Report Dated 3-4-9/ Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last ALAN MILLER	Name First Middle Last KAY CUMMINGS
Date of Birth Day Year 12 17 63	Date of Birth Month Day Year 5 30 61
Place of Birth (State or foreign country)  INDIANA	Place of Birth (State or foreign country)  TENNESSEE
Residence Address Street or R.R. City County State  928 Hunter Dr. Plainfield, Hendricks, IN.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Maritages 1	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate X Other (Specify) Drivers 'License
Are you now or have you ever been adjudged to be of unsound mind?     No	Are you now or have you ever been adjudged to be of unsound mind?     No    Yes       If answer is "yes," has the adjudication been removed?     No    Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?  No	Are you now under the influence of an alcoholic beverage?  No Yes  Are you now under the influence of a narcotic drug?  No Yes  Yes
5. List the full names of any dependent children. Nikki Lynn Miller	5. List the full names of any dependent children. Nicole Renee Cummings Holly Lynn Cummings
6. (a) Full name of applicant's father Gerald Lee Miller  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's fatherJames_Herbert_Riley  (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) deceased
Birthplace of father (State or foreign country) Indiana  (b) Full maiden name of applicant's mother Helen Domain	Birthplace of father (State or foreign country) Tennessee  (b) Full maiden name of applicant's mother Dorothy Jean Snow
(b) Full maiden name of applicant's mother RETET DOMATTI	(b) Full maiden name of applicant's mother DOTOLTTY SEATT STOW  (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana  Bithplace of mother (State or foreign country) California	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Tennessee
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the at
acknowledgment because of religious beliefs.  Clerk of Court	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS SS: Signed	State of Indiana  County of HENDRICKS  Signed
New Address Subscribed and sworn to brefore me this 27th day of March , 19 91	New Address Subscribed and sworn to before me this 27th day of March 19 91
Committee An Clerk of the HENDRICKS Circuit Court	Brill Guerra Clerk of the HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent si
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Countried HENDRICKS S5:	State of Indiana ) ss:
FatherID #	County of ID#
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t  Court, by written order issued
	zes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indian
dated 3-27-91, authorizing the marriage of	Mark Alan Miller  I further certify that the following marriage certificate was filed in my office.
I, Janice S. Chilewski	(name), certify that on3-27-91
(date), atDanville	_ in Hendricks County, Indiana,
Mark A. Miller of Hendricks Sandra K. Cummings of Hendricks Co	County Indiana (state), and Indiana (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-27-91
Signed by:/s/ Janice S. Chilewski Filed and recorded in accordance with the laws of the State of Indiana on	, Chief Deputy Clerk (official designation)  4-2-91 (date).

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

\_ County

IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 Not Yes  If No, Medical Examination or Report Dated 3-5-9  Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name J. First- / Middle / Last / Last	Name First Middle Last 1. to local
Date of Birth Month Day Year 11	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street F.R. City County State	Residence Address Street or R.B.: City County State
Same	A Dofatlett Titlebor St.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OB No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes Very related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Yes ☐  Yes ☐  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  No	3. Are you now under the influence of an alcoholic beverage?  No  Yes  Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father 1/m & thelps, In	6. (a) Full name of applicant's father Allutaker
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) # // ### ############################	(If adopted, list adoptive parents only).  Residence of father (if deceased, so state).
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother of furtible Floyal	(b) Full maiden name of applicant's mother teggy of perplus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease:
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). $q / M = 0$	immune deficiency syndrome), Malana History & has a
Signature of Applicant X Villion E 1999, Date 3'27-91	Signature of Applicant Signature of Applicant Date Signature of Applicant Signature of Appl
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: jnythis application is true and correct.	County of HENDRICKS SS: In this application is true and correct
New Address 4655 Lynnfold Rd, 46254	Signed X 9 1966 Star William William 18 18 18 18 18 18 18 18 18 18 18 18 18
Subsefibed and sworn, to before me this day of	Subscribed and sworn to belefe me this 39 day of 7/22 , 19 9/
Comme Just Clark of the HENDRICKS Circuit Court	Comme Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Chair of Indiana	State of Indiana )
State of Indiana ) County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MADDIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	WILLIAM E. PHELPS, JR.
	I further certify that the following marriage certificate was filed in my office
I, DAVE KOVALOW-ST. JOHN (date), at 6:30 p.m.	in HENDRICKS County, Indiana,
(11112)) 111	County IN (state), and
MELISSA K. WHITAKER of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	MINITOROD
Signed by: /s/ DAVE KOVALOW-ST. JOHN  Filed and recorded in accordance with the laws of the State of Indiana on	_ ,
in recorded in accordance with the tarks of the state of mattal on	
	Signed Tonnier James Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician Your Noore
Name  Figst  Middle  Riggs  TT  Date of Birth  Month  Day  Place of Birth (State or foreign country)  That an a  Residence Address  Street or R.R.  City  Brown-burg  TN	Place of Birth (State or foreign country)  Residence Address Street or R.R. City County State  The Country State of Holl of St. Prownshoung The Young The Holl of St. Prownshoung The Young The Youn
Previous Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Drivers License Birth Certificate	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?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  (b) Full maiden name of applicant's mother (adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Residence of mother (State or foreign country)  Residence of mother (State or foreign country)  Residence of mother (State or foreign country)	6. (a) Full name of applicant's father About William Frick  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Lorri Lynn Howard  (If adopted, list adoptive parents only)  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  Daylor 3-2)-9/	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date  Date
The above applicant has objected to verifying by oath or affirmation or signature to the above 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   I swear/affirm that the information given in this application is true and correct.  New Address   Address	State of Indiana  County of HENDRICKS  Signed HENDRICKS  New Address  Subscribed and sworn to before me this 2 day of Monce 19  Connection of the HENDRICKS  Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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  Father	State of Indiana ) County of HENDRICKS ) ss:  Father ID #  Mother ID #  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 parted nation the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
(date), at Calvary United Methodist  William Lee Riggs of Hendricks	rk of the Circuit Court of HENDRICKS County, Indiana, William L. Riggs II  I further certify that the following marriage certificate was filed in my office: (name), certify that on 4-13-91 in Hendricks County, Indiana, County Indiana (state), and inty Indiana (state) were married by me as authorized
Signed by:/s/ Harold L. Leininger  Filed and recorded in accordance with the laws of the State of Indiana on	Figned Clerk  HENDRICKS  Pastor (official designation)  Clerk  HENDRICKS  Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	ORICKS County File
	3-23-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ♠ Yes ☐  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Donald G. Middle Jones	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Bely 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
839C Penersood Dr. Plyd.	2202 11/000 Kg. Lily
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married NOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Sh. Lyw.	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No   Yes □	Are you now or have you ever been adjudged to be of unsound mind?     No   Yes   Yes   Yes   ✓
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes;" has the adjudication been removed?  No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes	2. Are you related to the male applicant closer than second cousin?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
3. Are you now under the influence of an alcoholic beverage?  No  Yes   4. Are you now under the influence of a narcotic drug?  No  Yes   Yes   Ves   ✓	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes  Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
	6. (a) Full name of applicant's father Sohn & Williams
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Daniel TN
(b) Full maiden name of applicant's mother Andro . Musel	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (b) towns (lf adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date  State of Indiana County of HENDRICKS  Signed And Subscribed and sworn to before me this Clerk of the HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Signed And Subscribed and Sworn to before me this Sworn to before me this Subscribed and Sworn to before me this Sworn to be	immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signature of Applicant to the above archiving by oath or affirmation or signature to the above acknowledgement because of religious beliefs.  Is wear/affirm that the information given in this application is true and correct.  Signed  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby 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  Signature of Applicant to the above acknowledgement because of religious beliefs.  Clerk of the MENDRICKS  Signature of Applicant to the above acknowledgement because of religious beliefs.  Clerk of the Indiana  County of HENDRICKS  Signature of Applicant to the above acknowledgement because of religious beliefs.  Clerk of the Indiana  County of HENDRICKS  Signature of Applicant to the above acknowledgement because of religious beliefs.  Clerk of the Indiana of the above acknowledgement because of religious beliefs.  Clerk of the Indiana of the above acknowledgement beliefs.  Clerk of the Indiana of the above acknowledgement beliefs.  Clerk of the Indiana of the above acknowledgement beliefs.  Clerk of the Indiana of the above acknowledgement beliefs.  Clerk of the Indiana of the above acknowledgement beliefs.  Clerk of the Indiana of the above acknowledgement beliefs.  Clerk of the Indiana of the
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Subscribed and sworn to before me this day of , 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDED OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	res and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County Indiana
dated 3-27-91 authorizing the marriage of	Donald E. Jones  HENDRICKS County, Indiana,
and Kristin Lynn Williams I, William A. Headley	I further certify that the following marriage certificate was filed in my office: (name), certify that on3-28-91
(date), at Plainfield	inHendricks County, Indiana,
	County Indiana (state), and unty 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 3-27-91
Signed by:/s/ William A. Headley Filed and recorded in accordance with the laws of the State of Indiana on	

\_\_\_\_ Clerk
\_\_Circuit Court

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 3-28-9/
Date of Application

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

Female Applicant 50 No Yes 328 91

If No, Medical Examination or Report Dated 328 91

Name of Physician M. Reeley

MALE APPLICANT	FEMALE APPLICANT
Name L First Middle , Last	Name / First / Middle / Last
Date of Birth Day Month Day Wear 16	Date of Birth Month Day Year -/
5 18 49	16 54
Place of Birth (State or foreign country)  Addiana	Place of Birth (State or foreign country)  Midiana  1
Residence Address Pettsbara & Oity County State  State  Address Pettsbara & Adresh State  Address Pettsbara & Adresh State  Residence Address Pettsbara & City County State  Address Pettsbara & City City City County State  Address Pettsbara & City City City City County State  Address Pettsbara & City City City City City City City City	Residence Address Street or R.R. Street or R.R. State of the State of
Previous Marrial Status: Never Married ☐ OR No. of Previous Marriages ②	Previous Marital Status: Never Married OR No. of Previous Marriages
- +/ -	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gentler (Specify) Drulle Titles	Date of birth verified by: Birth Certificate Gercity Kulls Collabol
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ■
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a narcotic drug?  No Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Lisa Muhelle Witters	dea muhelle Westers
Horn a manage the steen	Mare la mare la la
6. (a) Full name of applicant's father story for the father story for th	6. (a) Full name of applicant's father full full full full full full full ful
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother arthalena driven	(b) Full maiden name of applicant's mother 1/100 Reliene Chabtre
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 3-28-91	Signature of Applicant Delha & Westers Date 328-9
777	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of County Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Statements	Signed Allia N. Whites
New Address Superibed and sworn to before me this 284 day of March, 19 9	New Address Subscribed and, swern to before me this Staday of Marla 19
Connictation Clerk of the HENDRICKS Circuit Court	MANUTA AUDRIER 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
data made made and someon of the same parting and annecessary	and the street with the street of the street
State of Indiana )	State of Indiana )
County of HENDRICKS	County of HENDRICKS
Father ID # ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	and director the localities of a marriage monitor to the district parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 3-28-91, authorizing the marriage of and Debra Dee Winters	Gregory Lance Winters  I further certify that the following marriage certificate was filed in my office:
	(name), certify that on 3-28-91
(date), atDanville	_ in Hendricks County, Indiana,
Gregory L. Winters of Hendricks	County Indiana (state), and
Debra D. Winters of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ David H. Coleman	HENDRICKS County, Indiana, dated 3-28-91 Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗆 Yes 🗆 If No, Medical Examination or Report Dated 3-15-91  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Date of Birth Month Day 5 Year 55	Date of Birth Month of Day 3 Year 56
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Audiana
Residence Address Street or R.R. City County State  A County County State  County County State  County County County State  County Coun	Residence Address Street or R.R. Chy County State Address Previous Marital Status: Never Married OR No. of Previous Maritages 2
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Softer (Specify) 1/4/18/18/18/18/18/18/18/18/18/18/18/18/18/	Date of birth verified by: Birth Certificate Gettier (Specify) Author (Specify) Author (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?  No Yes   Yes   No Yes   Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes
4. Are you now under the influence of a narcotic drug?  No ☐ Yes ☐  S. List the full names of any dependent children.	5. List the full names of any dependent children.
	Losa Marie Vantert
6. (a) Full name of applicant's father //OKMAN Dewayal Wildman	6. (a) Full name of applicant's father William Cugnity
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Vrsinia Willer Hake	(b) Full maiden name of applicant's mother fay fuxe Colurn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Malana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome):  Signature of Applicant  Lucyph T. M. Lodinor Date 3.28-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date  Date
The above applicant has objected to verifying by oath or affirmation or signature to the above 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  Ounty of HENDRICKS  Signed Alexacygne T. I swear/affirm that the information given in this application is true and correct.  New Address	State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of 3, 198
Subscribed and sworn to before me this 28 day of 3, 19 19 HENDRICKS Circuit Court	Subscribed and sworn to before me this day of, 193
CONSENT OF PARENTS, PARENT, 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:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Subscribed and sworn to before me this day or, 19	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
and filed in authoriz	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
, autoriz	parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
dated 3-28-91 , authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office (name), certify that on3-28-91
	in HENDRICKS County, Indiana,
	County IN (state), and
TINA M. LAMBERT of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-28-91
	, <u>IST DEPUTY CLERK</u> (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
DOWN COME. WITH A SAME AND ALTO	Signed Clerk HENDRICKS Circuit Court

Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No Yes I If No, Medical Examination or Report Dated.

Name of Physician Helium Cyan Rusch

MALE APPLICANT	FEMALE APPLICANT
Name Sennoth James Williams	Name phristise Marie France
Date of Birth Month 8 Day 9 Year Lo Co	Date of Birth Month & Day JO Year 7
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country)
Residence Address Street or R.R./ City County State	Residence Address Street or R.R. City County Stay
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date,	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:   Birth Certificate   Gother (Specify)	Date of birth verified by: Derth Certificate Other (Speciff) / WULLY JULIE
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father AMO Jawrence Welliamo	6. (a) Full name of applicant's father Mark Wayne France
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Maliana	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Margaret and South	(b) Full maiden name of applicant's mother Tollerla Joan Mury
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Signed  County of  HENDRICKS  Subseribed and sworn to before me this  State of Indiana  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  Subscribed and sworn to before me this  County of  HENDRICKS  Signed  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of  HENDRICKS  Signed  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of  HENDRICKS  Signed  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of  HENDRICKS  Signed  A 1-9  Signed  I swear/affirm that the information or signature to the above acknowledgment because of religious beliefs.  Circuit Court  Consense of religious beliefs.  Circuit Court	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this Above 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  Sas:  ID #  Mother  Subscribed and sworn to before me this day of 19
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated $\frac{4-1-91}{}$ , authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana.
andChristine Marie France	I further certify that the following marriage certificate was filed in my office:
I, <u>Charles Sean Chesebrough</u> (date), at Danville	in Hendricks County, Indiana.
** ** ** ** ** *** *** *** ** ** ** **	in Hendricks County, Indiana, County Indiana (state), and
Christine Marie France of Hendricks Con	untyIndiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-6-91
Signed by: /s/ Charles Sean Chesebrough	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-9-91 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☐ Yes ☐
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Y Jecture & Jesley
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First hour Middle Charles Charles	Name First Middle Bast
Date of Birth Month Day Year	Date of Birth Mont Day Mar Q
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
Jame,	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married  OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1984
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Orther (Specify)
Leense Juliano de la como (openio) Leense	The Oxpense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a narcotic drug?  No Yes   Yes	3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the influence of a narcotic drug?  1. Are you now under the full names of any dependent children.
	Wichelle Healey
- Parlandan	Dha la Nat
6. (a) Full name of applicant's father Illus Alles	6. (a) Full name of applicant's father Charles Catt
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Angliwoud, &.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Fatherica Y flation	(b) Full maiden name of applicant's mother It fariant favelles
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Matthew John 14 solvy Date 64-5-91	Signature of Applicant & Katherine Jane Boys Date 4-1-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of	County of HENDRICKS ss: in this application is true and correct.
Signed Mathew John Washe	New Address RR#2 Box 272 Clautan
New Address SAME Subscribed and sworn to before me this 500 day of Option 19 9	Subscribed and sworn to before me this
Concrete Russ Circuit Court	Service Office of the HENDRIOKS Circuit Court
CONSENT OF PARENTS, PARENT, 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 )  Countries HENDRICKS ss:	State of Indiana ) ss:
County or	County or
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday 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	
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of andKATHERINE J. BOYD	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on4-6-91
(date), atCLAYTON	_ in HENDRICKS County, Indiana,
MATTHEW J. HEALEY of HENDRICKS	County (state), and
KATHERINE J. BODY of HENDRICKS Co	nunty IN (state) were married by me as authorized County, Indiana, dated 4-6-91
Signed by: _/s/ STEVAN W. RANSON	
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Maria the sail

HENDRICKS

\_Circuit Court

Circuit Court

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### STATE OF INDIANA

HENDRICKS	County	No	109	
				Date of Application
oplying for license. on to a clerk of the	Female App	olicant 50 No ical Examination o	r Report Da	Yes □

IC 31-7-9-1. Furnishing false information upon a A person who knowingly furnishes false informaticircuit court when the person applies for a mail IC 31-7-3 commits a Class D felony.

MALE APPLICANT	FEMALE APPLICANT
Name T First Middle Russt	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)
НО	IN
Residence Address Street or R.R. City County State  4615 Quant Rd. Redd.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Wother (Specify) M. Hus.	- Noons veg.
	# 20992P
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔯 Yes 🗆
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes   Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes □  Are you related to the male applicant closer than second cousin?  Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗓 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	THE RUNGERS AND A SECOND PROPERTY OF THE PARTY OF THE PAR
6. (a) Full name of applicant's father Somow aller Ray	6. (a) Full name of applicant's father Vivil Hond Octor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Vox West OH	Residence of father (if deceased, so state) way to
Birthplace of father (State or foreign country) + Common father than a father and a state of a stat	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Manage States States
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Adam M. Gron	Signature of Applicant X Sauth Sauth Sauth Ann Date 4-1-91
Signature of Applicant Date	Signature of Applicant X Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swearlaffirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Ayfing Miles	Signed Hay Jayne Han
New Address  Subscribed and sworn to before me this	New Address  Subscribed and sworn to before me this
Clerk of theHENDRICKSCircuit Court	Clerk of the HENDRICKS Circuit Court
	NI Section and the Control of the Co
CONSENT OF PARENTS, PARENT, OR GUÁRDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state lacts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )
County of HENDRICAS	County of HENDRICKS ss:
Father ID #  Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MADDIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of,	erk of the Circuit Court of HENDRICKS County, Indiana, JEFFREY M. RAY
	I further certify that the following marriage certificate was filed in my office:
I,JOHN CALDWELL	(name), certify that on 4-20-91
(date), at INDIANAPOLIS	in HENDRICKSON County, Indiana,
JEFFREY M. RAY of HENDRICKS STACY J. ACTON of HENDRICKS Co.	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	unity (state) were married by me as authorized
Signed by:/s/ JOHN CALDWELL	, SENIOR PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of

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### STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR I	MARRIAGE LICENSE
HEND	PRICKS County File
	U-2-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes  If No, Medical Examination or Report Dated  Name of Physician   Thickard Yes   Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Swangan	Name First Middle Last
Date of Birth Month Day Year 8 14 68	Date of Birth Month Depth Yell
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 Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Seinh Certificate Other (Specify)
Date of birth verified by: Birth Certificate Dother (Specify) Drivers Lie.	Date of Dirth Verified by: Expirit Certificate Corner (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
	The second secon
6. (a) Full name of applicant's father Edward Denald Swanson	6. (a) Full name of applicant's father David L. Lyston
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) Contamille, IN	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  **The state of the sta
Birthplace of father (State or foreign country) W. Vo.	Birthplace of father (State or foreign country) alabama
(b) Full maiden name of applicant's mother Shirley Marie Monigold	(b) Full maiden name of applicant's mother Donna Star The Cold
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  ) I swear/affirm that the information given in this application is true and correct.  Signed X Pale Lee Sutuneers  New Address RR   Box 92 Clayton  Subscribed and sworn to before me this 2 day of HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed Signe
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father   ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of,	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,  MIKE L. SWANSON
andJENNIFER L. UPTON	I further certify that the following marriage certificate was filed in my office:
I, PHILIP D. BRENNEMAN	(name), certify that on 4-13-91
MIKE L. SWANSON of HENDRICKS	_ inMORGAN
JENNIFER L. UPTON of MORGAN Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/_PHILIP_D. BRENNEMAN  Filed and recorded in accordance with the laws of the State of Indiana on	,

\_ Clerk \_Circuit Court

Connie Lowson

Signed \_\_

\_ Clerk Circuit Court

Lawson HENDRICKS

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

MALE APPLICANT  FEMALE APPLICATION  FEMALE APPLICANT  FEMALE APPLICANT  FEMALE APPLICATION  FEMALE APPLICATI		No
23.7-24. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the cut court when the person applies of a marriage license under 37-73 commits a Class D fellowy.  MALE APPLICANT    MALE APPLICANT	HEND	
The control is an interest of the control of the co		U - 3 - 91 Date of Application
The control is an interest of the control of the co		
MALE APPLICANT  MALE APPLICATION  MALE APPLICANT  MALE APPLICA		
MALE APPLICANT  FEMALE APPLICATION  FEMALE	circuit court when the person applies for a marriage license under	
The same and a service control.  Any part control the same appeared control.  Any part control the same appeare	31-7-3 commits a Class D felony.	
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The first finance of experience of the part of the par	e of Birth Month Day Year	Date of Birth Month Day Year
See a service from the private from the		Place of Birth (State or foreign country)
The same of approars time.  The same range range of the same time and approars time.  The same range of appr	dence Address Street or R.R. City County State	
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(i) student the adoption permit only.  (ii) adoption the adoption permit only.  (iii) adoption the adoption the adoption the first of the permit of the adoption the adoptio	Residence of father (if deceased, so state) Brownstary, In	
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ACHONILEDOMENT    Achonic decision   Achonic decisi	Residence of mother (if deceased, so state) Brownshop IN	Residence of mother (if deceased, so state) Murtingville, IN
in acknowledge that I have received information regarding dangerous communicable diseases are exembly transmitted, and a list of the last shake the the virus that capter Applicant and editionary symptomes, and a list of the last shake the the virus that capter Applicant and editionary symptomes, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted, and a list of the last shake the the virus that capter Applicant that are sequility transmitted. It is a last shake the the virus that capter Applicant that are sequility transmitted as list of the last shake the the virus that capter Applicant that are sequility transmitted. It is a last shake the the virus that capter Applicant the last shake the the virus that capter Applicant that are sequility to the above and a list of the last shake the the virus that capter Applicant the last shake the the virus that capter Applicant the last shake the the virus that the above applicant that are sequility that the last shake the the virus that capter Applicant the last shake the the virus that capter Applicant that are sequility that the last shake the the last shake the the virus that capter Applicant that the last shake the the virus that capter Applicant that the last s	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)PA
The distance of indiana and the parents of this application is true and correct.  Signed X HENDRICKS  Sign	pabove applicant has objected to verifying by oath or affirmation or signature to the above	Signature of Applicant X CNUSTUNE V. POULL Date 4.3.41
HENDRICKS   Signed   A title application is true and correct.   Sign		
HENDRICKS   Signed   A title application is true and correct.   Sign		
Signed X WADDELETE 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  The Court of the Was filed in my office a marriage license issued by the Clerk of the Circuit Court of Carl R. Prokop, Jr.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  RETURN OF MARRIAGE LICENSE and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  RETURN OF MARRIAGE LICENSE and directs the issuance of a marriage license to the above named parties.  RETURN OF MARRIAGE LICENSE Size by the Clerk of the Circuit Court of Ronald Allen Lowe  Carl R. Prokop, Jr.  Renald Allen Lowe  Of Hendricks  County Indiana, Carl R. Prokop, Jr.  Renald Allen Lowe  Of Hendricks  County Indiana  Renald Allen Lowe  Of Hendricks  County Indiana  County Indiana  (state) were marriade by me as authorized der a marriage license that was issued by the Clerk of the Circuit Court of Hendricks  County, Indiana, (state), and  County, Indiana, derea a marriage license that was issued by the Clerk of the Circuit Court of Hendricks  County, Indiana, (state), and  County, Indiana, (state), and  County, Indiana, (state), and  County, Indiana, derea a marriage license that was issued by the Clerk of the Circuit Court of Hendricks  County, Indiana, (state), and  County, Indiana, derea a marriage license that was issued by the Clerk of the Circuit Court of Hendricks  County, Indiana, derea a marriage license that was issued by the Clerk of the Circuit Court of Hendricks  County, Indiana, derea and the county, Indiana, derea a marriage license that was issued by the Clerk of the Circuit Court of Hendricks  County, Indiana, derea and the county, Indiana, derea and the county, Indiana, derea and the county, Indiana, derea an	HENDRICUS SS:	SS.
Subscribed and sworn to before me this 3AQ day of MANCA 19 9  MENDRICKS Clerul Court  SENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state of Indians or lacts which make the consent of the other parent unnecessary  state lacts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts which make the consent of the other parent unnecessary  state facts whi	Signed X Monald a Xous	
SENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  of Indiana may of HENDRICKS  of Indiana may of Marenta of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  of Indiana  County of HENDRICKS  of the Circuit Court of HENDRICKS  of HENDRI		
when the parents of this applicant, hereby give consent for this marriage. If only one parent signs, states which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state facts which make the consent of the barriage. If only and the parent unnecessary state facts which make the consent of the other parent		
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tacts which make the consent of the other parent unnecessary	SENT OF PARENTS PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR GUARDIAN
State of Indiana Anily of HENDRICKS  State of Indiana County Indiana, Indiana, Indiana County Indiana County Indiana County Indiana County Indiana, Indiana County Indiana County Indiana, Indiana County Indiana		
County of HENDRICKS  Ser.	facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County of HENDRICKS   Secretary   ID #   Father   ID #   Mother   ID #   ID #   Mother   ID #		State of Indiana )
Mother	nty of	County or
Subscribed and sworn to before me this		
Clerk  CMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  County		
County	Clerk	Clerk
County		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  ertify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana,  ed 4-3-91 , authorizing the marriage of Ronald Allen Lowe  Christine Ellen Powell . I further certify that the following marriage certificate was filed in my office:  Carl R. Prokop, Jr. (name), certify that on 4-6-91  Itel, at 2 o'clock pm in Hendricks County, Indiana,  Ronald Allen Lowe of Hendricks County Indiana (state), and  Christine Ellen Poweld Hendricks County Indiana (state) were married by me as authorized that a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 4-3-91	County	Court, by written order issued
ertify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and Allen Lowe    Christine Ellen Powell		
ted	ertify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
Carl R. Prokop, Jr. (name), certify that on 4-6-91  tte), at 2 o'clock pm in Hendricks County, Indiana,  Ronald Allen Lowe of Hendricks County Indiana (state), and  Christine Ellen Poweld Hendricks County Indiana (state) were married by me as authorized der a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 4-3-91	ted 4-3-91, authorizing the marriage of	Ronald Allen Lowe
Ronald Allen Lowe of Hendricks County Indiana (state), and Christine Ellen Poweld Hendricks County Indiana (state) were married by me as authorized the a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 4-3-91		I further certify that the following marriage certificate was filed in my office:
Ronald Allen Lowe of Hendricks County Indiana (state), and	nte), at 2 o'clock pm	_ in Hendricks County, Indiana,
der a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 4-3-91	Ronald Allen Lowe of Hendricks	County Indiana (state), and
11 /c/ Carl D Drokon In Minister		unity State) were married by me as authorized
led and recorded in accordance with the laws of the State of Indiana on 4-11-91 (date).	gned by: /s/ Carl R. Prokop, Jr.	

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 112

HEND	RICKS County File
	U-5-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name  First  Middle  Last  Maggen	Name First Middle Last Marcum
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
28 Calcridge Dr. Mooresiele Hendrichs, In  Previous Marital Status: Never Married OR No. of Previous Marriages 7	Previous Marital Status: Never Married   OR No. of Previous Marriages
Date of birth verified by: Birth Certificate Tother (Specify) Diverso Tycesse	Date of birth verified by: Birth Certificate Gother (Specify) Duvers Lucinse
Are you now or have you ever been adjudged to be of unsound mind?     No ✓ Yes ☐     If answer is "yes," has the adjudication been removed?     No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  No  Yes   4. Are you now under the influence of a narcotic drug?  No  Yes □	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
4. Are you now under the influence of a narcotic drug?  No Yes   State the full names of any dependent children.	Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent children.
6. (a) Full name of applicant's father David & Morecy	6. (a) Full name of applicant's father Thomas Briand
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Mooreand , IN
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother.	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Hothles Q'Araby
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Secrice IL  Birthplace of mother (State or foreign country) IL	Residence of mother (if deceased, so state) The Processible, IN  Birthplace of mother (State or foreign country)  IL
Birtiplace of mother (State of loreign country)	Birtiplace of mother (State of foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	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 4/5/9/  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS Signed A Manual M	State of Indiana  County of HENDRICKS  Signed Mars Mars  I swear/affirm that the information given in this application is true and correct.
New Address Subscribed and sworn to before me this 5 th day of Cupril , 19 9 1	New Address  Subscribed and sworn to before me this 5th day of Carel 19 9)
Circuit Court  Circuit Court	Subscribed and sworn to before me this 5th day of Corol 19 9)  Coronic Foundam Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	THE RESERVE OF THE RESERVE OF THE PROPERTY OF THE PARTY O
State of Indiana )  County of HENDRICKS ss:	State of Indiana )
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-5-91, authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
I, Rev. A. W. Schubert	(name), certify that on 4-13-91
(date), atIndianapolis	_ in Marion County, Indiana,
	County Indiana (state), and unty Indiana (state) were married by me as guthorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-5-91
Signed by: /s/ A. W. Schubert	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-17-91 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA

lealth under Authority I ic 31-7-3  APPLICATION FOR	112
HEND.	
	U-5-91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes  If No, Medical Examination or Report Dated  Name of Physician Smeliate each Penter
MALE APPLICANT	FEMALE APPLICANT
erana Middle Horn	Name First Middle Last Sharol A. Henninger
ate of Birth OMonth Day Year	Date of Birth Month Day Year 30 63
face of Birth (State or foreign country)	Place of Birth (State or foreign country)
revious Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State  8171 Changer Woods On . July State  Previous Marital Status: Never Married   OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Tate of birth verified by:   Birth Certificate   Other (Specify)   Druvers Suchase	Date of birth verified by:   Birth Certificate   Gother (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
List the full names of any dependent children.  (a) Full name of applicant's father Willia Dean Horn	5. List the full names of any dependent children.  6. (a) Full name of applicant's father Thou a living Jobs.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  IN	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  IN
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome).  Date 4-5-9	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.    Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  I swear/affirm that the information given in this application is true and correct.  Signed Y  New Address  Subscribed and sworn to before me this  Clerk of the  HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS   1 swear/affirm that the information give in this application is true and correspond to before me this 5 day of Capil 19 91  Connection of the HENDRICKS   19 91
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
county of HENDRICKS ss:	State of Indiana ) ss:  County of HENDRICKS ) ss:
Nother ID #	Mother ID # Subscribed and sworn to before me this day of , 19 CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana
lated, authorizing the marriage of and Sharol A. Henninger	I further certify that the following marriage certificate was filed in my office
date), at Danville	in Hendricks County, Indiana,
Craig M. Horn of Hendricks	County Indiana (state), and Indiana (state) were married by me as authorized

\_ County \_

HENDRICKS
Deputy Clerk

\_\_\_\_ (state) were married by me as authorized \_\_\_\_\_\_\_County, Indiana, dated \_\_\_\_\_\_4-5-91\_\_\_\_\_\_

Clerk

\_Circuit Court

\_ (official designation)

under a marriage license that was issued by the Clerk of the Circuit Court of

Signed by: \_\_/s/ Cynthia J. Spence \_\_\_\_\_, Dep

Filed and recorded in accordance with the laws of the State of Indiana on \_\_4-5-91

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

114

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last, Weicher	Name First Middle Last Last Helice
Date of Birth D Month Day Year 9 25 (61	Date of Birth Month Day Year 5
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State  1294 Norton St. Hobbigoille, Hamilton IN  Previous Marital Status: Never Married OR No. of Previous Marriages (	Residence Address Street or R.R. City County State  643 Soplan St. Slagical Hundrucks IN  Previous Marital Status: Never Married POR No. of Previous Marriages
/ · · · · · · · · · · · · · · · · · · ·	
Date of birth verified by: Birth Certificate Softher (Specify) Druvers Excense	Date of birth verified by: Birth Certificate Dottler (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Darley Her Willness	6. (a) Full name of applicant's father Best Culforn Hedge
(If adopted, list adoptive parents only).  Residence of father (if deceased, so state) Salt Sake tity, Wah	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Residence of father (if deceased, so state) South Tooks Lity Wah  Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Doris Jean Sturdivant	(b) Full maiden name of applicant's mother Wanda Gean Davrus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) BLULL, IN Birthplace of mother (State or foreign country) IN
Compact of money (class of foliage)	Simplified of money (State or lively)
I acknowledge that I have received information regarding dangerous communicable diseases 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 4-5-91  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  The charge coefficient has chicated to positive hearth as efficiently as a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  The charge coefficient has chicated to positive hearth as efficiently as a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  The charge coefficient has chicated to positive hearth as efficiently as a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
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  Signed Signed Signed State of St. Moderate  New Address 1295 Subscribed and sworn to before me this 5 th day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed County of HENDRICKS  Signed County of Hendricks  New Address  Subscribed and sworn to before me this 5 th day of County of HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID #  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of
dated, authorizing the marriage of	Kelly J. Weidner
	I further certify that the following marriage certificate was filed in my office:
I,George Plasterer (date), at Plainfield	Hendricks
lattic), til	_ in County, Indiana, County Indiana (state), and
Vance Tanania United to United to the	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, matana, datea
Signed by:/s/ George Plasterer Filed and recorded in accordance with the laws of the State of Indiana on	
decordance with the laws of the state of matana on	Comments of the Comments of th
	Signed Connie Lawson Clerk
BOYCE FORMS + SYSTEMS +-800-380-8702 1477	HENDRICKS Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle Toulor	Name First Middle Blast PMy Bias
Date of Birth Mogth Say Vear	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
P.O. BOX 272 135Ntenn Clayton In	5120 Emerson VIII Drack Indole
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Driver License	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?  Yes	Are you now or have you ever been adjudged to be of unsound mind?  Yes
If answer is "yes," has the adjudication been removed? No Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  Note: The influence of a narcotic drug?  Note: The influence of a narcotic drug?  Note: The influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?      No Yes      No Yes      No Yes
2.11-2-21-2	
6. (a) Full name of applicant's father Gilbert F. Toylor	6. (a) Full name of applicant's father Larry K. 19165
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) T.N.DIANO CDECE OSED	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) + 101100000000000000000000000000000000
(b) Full maiden name of applicant's mother Box box a A. Fisher	(b) Full maiden name of applicant's mother Solcho Ho
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) TNDIANA	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) INDIANA	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicant July Lagus Date 4-8-91	Signature of Applicant Applicant Date
The above exclused by ablanted to really be and the second of the second	700
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana I swear/affirm that the information given
in this application is true and correct.	in this application is true and correct.
X Signed Libely Lager New Address	X Signed Andress
Subscribed and sworn to before me this 8th day of property 1991	Subscribed and sworr to before me this 840 day of Country 19 91
On the Saucen Clerk of the HENDRICKS Circuit Court	Conne Sauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCENT OF PADENTS PADENT OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS.	County of HENDRICKS SS:
FatherID #	Father ID #
Mother ID #  Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
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 tes and directs the issuance of a marriage license to the above named parties.
	os and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-8-91 , authorizing the marriage of	
and Amy M. Blas  John F. Strifler	I further certify that the following marriage certificate was filed in my office:  (name) certify that on $4-20-91$
(date), at Danville	(name), certify that on
(date)	in Hendricks County, Indiana, County Indiana (state), and
Amy M. Bias of Marion Co	unty 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 4-20-91
Signed by: /s/ John F. Strifler	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-23-91 (date).
	· C · P
	Signed Omia Dawson Clerk
BOYCE FORMS + SYSTEMS 1-800-362-8702 1477	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth  Date of Birth  Day  Wear  Place of Birth (State or foreign country)  Besidence Address  Street, fir First  Month  Day  Year  Vear   Name Connel First Middle Helineut Date of Birth Month Day 7 Year 8  Place of Birth (State or foreign country)  Residence Address Street or R.R. City County State  Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) DA/VOLO Success	Date of birth verified by: Diffirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father for the full deceased, so state)  Birthplace of father (If deceased, so state)  (If adopted, list adoptive parents only)  Residence of father (State or foreign country)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  (If adopted, list adoptive parents only)  Residence of mother (State or foreign country)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 4-8-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed John M. Bartram  New Address  Subscribed and sworn to before me this Clerk of the HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed TMM New Address Subactibed and sworn to before me this HENDRICKS  Subactibed and sworn to before me this HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )  Father ID #  Mother ID #  Subscribed and sworn to before me this day of , 19  Clerk	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #  Subscribed and sworn to before me this day of 19  Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	es 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 Cl dated	JOHN M. BARTRAM  I further certify that the following marriage certificate was filed in my office:
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ S. CRESTON ECKART  Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County, Indiana, dated 4-8-91,, ELDER (official designation) 4-15-91 (date).
	Signed Clerk HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No 🖎 Yes 🗆
If No, Medical Examination or Report Dated
Name of Physician \_\_\_\_\_

MALE APPLICANT	FEMALE APPLICANT
Name Christopher John Klosinski.	Name Melissa Jane Hommel
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
ETB Dr. 5 Muerch IN	1005 t. Edgewood Dr. B'burg.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 🖎 OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Other (Specify)	Date of outh vernes of. Album Cermose   Coner (specify)
Are you now or have you ever been adjudged to be of unsound mind?     No     Yes □	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No St. Yes St. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full harnes of any dependent children.
6. (a) Full name of applicant's father Michael H. Plosiniki	6. (a) Full name of applicant's father Joseph D. Hommel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Turbuch 10	Residence of father (if deceased, so state) TO-Francin
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother MR Inde J. Thomas
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 11 R 11
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Brown IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ADVANCE FRANCIS	
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Pusherfree & Date 9-8-71	Signature of Applicant X Muland, Control Date 1-8-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS In this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X (fines Pressure)	Signed X 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Subscribed and sworn to before me this 8 day of Rocit, 19 91	Subscribed and sworn to before me this day of April, 19 91
Clerk of the HENDRICK'S Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state tacts minute the consolit of the other parent officessary
State of Indiana )	State of Indiana )
County of HENDRICKS SS:	County of HENDRICKS ss:
FatherID #	Father Male of the Manager
Mother ID # Subscribed and sworn to before me this day of 19	Subscribed and sworn to before me this R day of Court 1991
Clerk	Subscribed and sworm to before me this G day of Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated4-8-91, authorizing the marriage of andMELISSA J. HOMMEL	
I, JATLYNN DORSEY	I further certify that the following marriage certificate was filed in my office:
(date), at FRANKLIN	
	CountyIN(state), and
MELISSA J. HOMMEL of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
	, CHIEF DEPUTY (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-12-91 (date).
	Signed James Jawan Clerk
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

<u>HEND</u>	No
	$\frac{4-9-91}{2}$
231-7-9-1. Furnishing false information upon applying for license.  person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐  If No, Medical Examination or Report Dated
rcuit court when the person applies for a marriage license under	Name of Physician Policent Housell
31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
First Hiddle Judy	Name First Middle Cast Ger  Date of Birth Month Day Year
of Birth Month 3 oay	Date of Birth Month Day Year Place of Birth (State or foreign country)
dence Address Street or R.R. City County, State	Residence Address Street or R.R. City. County State
age Her Hage Dr. Danville IN 46122	_ alts Rd 300E. Danville IN 46122
ous Marital Status: Never Marries OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Sother (Specify) Driver License	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 ☐	Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes  Yes	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  Yes  Yes  Yes
Are you now under the influence of a narcotic drug?  No   Yes   Yes □	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father William Gene Yorger	6. (a) Full name of applicant's father Richard Clinton Judy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thouas
Birthplace of father (State or foreign country). Thouand (b) Full maiden name of applicant's mother and Kathy Roembk	(b) Full maiden name of applicant's mother Darbara Jo Ann Ste
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Thouasand Birthplace of mother (State or foreign country) Thouasand	Residence of mother (if deceased, so state) COLORO  Birthplace of mother (State or foreign country) Thouana
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome).  gnature of Applicant ————————————————————————————————————	Signature of Applicant Jammay A. Jorgan Date 4-9-91
0	
he above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment 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.
rk of Court Date	Clerk of Court Date
ate of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
ounty of	County of HENDRICKS ss: in this application is true and correct.
X Signed Lewy a. Idy	New Address 2920 Wortage D. Danville, In
New Address  Abscribed and sworn to before me this day of the day	Subscribed and sworn to before me this day of, 19
Circuit Court	Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
*	
ate of Indiana ) ss:	State of Indiana )  Countried HENDRICKS ss:
ther ID #	County of ID #
otherID #	MotherID #
bscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me thisday of, 19Clerk
OMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE  There of the Circuit Court of HENDRICKS County Indiana.
certify that there was filed in my office a marriage license issued by the Cated $\frac{4-9-91}{}$ , authorizing the marriage of $$	Terry Alex Judy  HENDRICKS County, Indiana,
nd Tamatha Lynn Yorger	I further certify that the following marriage certificate was filed in my office:
	in Hendricks County, Indiana,
date), at6:30 PM  Terry Alex Judyof_ Hendricks	County Indiana (state), and
Tamatha Lynn Yorger of Hendricks Co	ounty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of ligned by: _/s/ Harold L. Leininger II	f HENDRICKS County, Indiana, dated 5-4-91  , Senior Pastor (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	5-8-91 (date).
	C . P
	Signed Comie Frances Clerk  HENDRICKS Circuit Court

\_Circuit Court

\_\_\_\_ Clerk \_Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ♥ Yes □
person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
rcuit court when the person applies for a marriage license under	Name of Physician Stephen Regge
C 31-7-3 commits a Class D felony.	ATTEMPT TO THE PROPERTY OF THE PARTY OF THE
MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name First Middle Ford
te of Birth Month Day Year	Date of Birth Day Year
ice of Birth (State or foreign country)	Place of Birth (State or foreign country)
W.	Residence Address Street pr R.R. City County State
sidence Address Street or R.R. City County State  1578 5, 250 b). Denville The	250 N. Est St. 123 Pyd.
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married COR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate *** Other (Specify)
te of birth verified by: Birth Certificate Dether (Specify) Dr. Fig.	The grant course of Boundary (N. 476)
Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
List the full names of any dependent children.	5. List the full maints of any depolition children.
(a) Full name of applicant's father Opener Horlan Derg	6. (a) Full name of applicant's father Tenseth Lond .
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (Supplementation)
(b) Full maiden name of applicant's mother Sharon May bowhen  (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Pand IV
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
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acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired imune deficiency syndrome)  I pate 4-9-91  The above applicant has objected to verifying by oath or affirmation or signature to the above observed applicant has objected to verifying by oath or affirmation or signature to the above observed applicant has objected to verifying by oath or affirmation or signature to the above observed applicant has objected to verifying by oath or affirmation or signature to the above observed applicant has objected to verifying by oath or affirmation or signature to the above observed applicant has objected to verifying by oath or affirmation or signature to the above observed and sworn to before me this application is true and correct.  Signed ADALLICKS  I swear/affirm that the information given in this application is true and correct.  HENDRICKS  Circuit Count  ONSENT OF PARENTS, PARENT, OR GUARDIAN  In the parents of this applicant, hereby give consent for this marriage. If only one parent signs, attended and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, attended Indiana  Ounty of HENDRICKS  Signed ADALLICKS  I swear/affirm that the information or signature to the above consent for this marriage. If only one parent signs, attended the only one parent signs, attended ADALLICKS  Signed ADALLICKS	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Immune deficiency syndrome)  In above applicant has objected to verifying by oath or affirmation or signature to the above exhausted to the above applicant has objected to verifying by oath or affirmation or signature to the above exhausted for the above applicant has objected to verifying by oath or affirmation or signature to the above exhausted for the above applicant the information given in this application is true and correct.  Signed A Tucker of A HENDRICKS  Signed A HENDRICKS  Signed A HENDRICKS  Cierk of the HENDRICKS  Ciercuit Court  Consent of Parents, Parent, or Guardian  In a serial parents of this applicant, hereby give consent for this marriage. If only one parent signs, alter facts which make the consent of the other parent unnecessary  Late of Indiana ounty of HENDRICKS  COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  County  RETURN OF MARRIAGE LICENSE  County  A authorizing the marriage of antion of the parent antion of the	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Date 19-91  The above applicant has objected to verifying by oath or affirmation or signature to the above exhausted of religious beliefs.  The above applicant has objected to verifying by oath or affirmation or signature to the above exhausted from the above applicant has objected to verifying by oath or affirmation or signature to the above exhausted from the above applicant has objected to verifying by oath or affirmation or signature to the above exhausted from the above applicant in this application is true and correct.  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Ciercuit Court  Ciercuit Court  County Of PARENTS, PARENT, OR GUARDIAN  When the parents of this applicant, hereby give consent for this marriage. If only one parent signs, attended in make the consent of the other parent unnecessary  Late of Indiana Ounty of HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  ONSENT OF PARENTS, PARENT, OR GUARDIAN  When the parents of this applicant, hereby give consent for this marriage. If only one parent signs, attended and sworn to before me this day of 10 mg.  Late of Indiana Ounty of HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  ONSENT OF PARENTS, PARENT, OR GUARDIAN  Signed HENDRICKS  Signed HENDRICKS  Ciercuit Court  County 10 mg.  Ciercuit Court  Cierc	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  Clerk of the  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this day of 10 s.  State of Indiana  County of HENDRICKS  Sas:  County of HENDRICKS  Sas:  County of HENDRICKS  Sas:  Father 10 s.  Mother Subscribed and sworn to before me this day of 19 Clerk  A marriage license having been refused to the above named parties, the Court, by written order issued 2 sea and directs the issuance of a marriage license to the above named parties.  SE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of 10 served 10 se
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome)  I generally provided that the line above applicant has objected to verifying by oath or affirmation or signature to the above exhausted of religious beliefs.  I swear/affirm that the information given in this application is true and correct.  Signed A TUCKER Signed A OF TUCK	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome)  I generally provided that the line above applicant has objected to verifying by oath or affirmation or signature to the above exhausted of religious beliefs.  I swear/affirm that the information given in this application is true and correct.  Signed A TUCKER Signed A OF TUCK	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  State of Indiana  County of HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Signed HENDRICKS  Clerk of the HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  Subscribed and sworn to before me this day of HENDRICKS  State of Indiana  County of HENDRICKS  Father  Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10

Signed by: /s/ Charles Elston

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

### STATE OF INDIANA

**APPLICATION FOR MARRIAGE LICENSE HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. No 🗗 Female Applicant 50 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth Date of Birth Annulment Divorce Death Last Marriage Ended By: Divorce Date of birth verified by: Birth Certificate Gettler (Specify) Date of birth verified by: Birth Certificate Other (Specify) drivere No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗖 Yes 🗌 No Yes No 🗆 Yes 🗌 No Yes 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 No D Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_ I swear/affirm that the information given State of Indiana HENDRICKS Adugar Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS \_ County, Indiana, Steven Edward , authorizing the marriage of \_ I further certify that the following marriage certificate was filed in my office: (name) certify that on 4-27-91Patricia Ann Gregory and Charles Elston (name), certify that on \_ Hendricks (date), at \_\_\_Plainfield County, Indiana, County \_ Indiana Steven Edward Miles \_(state), and . Patricia Ann Gregory of Hendricks Indiana County\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated

, Minister

5-1-91

Signed

(official designation)

Clerk

Circuit Court

(date).

HENDRICKS

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗗 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician M. Refuces IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Divorce Last Marriage Ended By: Death Annulment Last Marriage Ended By: Death Annulment Birth Certificate Other (Specify) No Yes No Yes 🗆 No Yes No 🗆 Yes 🗌 No Yes Are you related to the female applicant closer than second cousin? No Yes No Yes Are you now under the influence of an alcoholic beverage? No 4 Yes Are you now under the influence of an alcoholic beverage? No Yes No Yes Birthplace of mother (State or foreign country) Xentucky **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_ I swear/affirm that the information given State of Indiana swear/affirm that the information given HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County\_ Court, by written order issued. and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, authorizing the marriage of \_\_\_\_ David Ray Limeberry

. I further certify that the following marriage certificate was filed in my office: 4-10-91

County, Indiana,

(state), and \_

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

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

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

HENDRICKS

Indiana

Hendricks

Indiana

Judge

4-11-91

County \_

County\_

Jennifer Renee' Milbrath

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

Marion

Marion

David H. Coleman

Danville

Jennifer Renee' Milbrath

Signed by: /s/ David H. Coleman

David Ray Limeberry

(date), at\_

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County File
	4- 10.91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Tens Itha Dungally Color	Name sheborar o mo Sary Last
Place of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address  Strepfor R.R.  City  County  State  County  State  OR No. of Previous Marriages  Last Marriage Ended By:  Death Divorce Annulment Date  Date of birth verified by:  Birth Certificate  Officer (Specify)  Annulment Annulment Date	Date of Birth   Month   Day   Year   70    Place of Birth (State or foreign country)   Provided   P
Date of birth verified by: Birth Certificate Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Mavin Russell Colon  (If adopted, list adoptive parents only)  Residence of father (State or foreign country)  (b) Full maiden name of applicant's mother Russell  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father
I acknowledge that I have received information regarding dangerous communicable diseases 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  4-10-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms).  Signature of Applicant  Date 4-10-91
The 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  Signed Signed State of Indiana (In this application is true and correct.)  New Address 454 Pithet St Pleinfield IN  Subscribed and sworn to before me this 10 day of 41  Communication from the HENDRICKS (Circuit Court	State of Indiana County of HENDRICKS Signed Debota Mender State of Indiana New Address 454 Pickett St. Pulld. 110 40 (According to the Subscribed and sworn to before me this 10 day of 19 (Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )  Father ID #  Mother ID #  Subscribed and sworn to before me this day of, 19  Clerk	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes 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 Cladated	
Signed by: /s/ DARRELL W. COX  Filed and recorded in accordance with the laws of the State of Indiana on	
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Signed Correct Tourson Clerk HENDRICKS Circuit Court

Circuit Court

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County V-10-91

Date of Application

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

Female Applicant 50 No Dall If No, Medical Examination or Repo	Yes □
Name of Physician Stephen	

MALE APPLICANT	FEMALE APPLICANT
Name Revald Weal Stemiltonis.	Name Tanet Elaine Gorman
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 Bex 50 July State 11335 W. Wash. St. Bex 50 July 6.
Previous Marital Status: Never Married ( OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Determined Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No 7
3. Are you now under the influence of an alcoholic beverage?  No 10 Yes    2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No Yes  Yes	
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No X Yes   5. List the full names of any dependent children.
List he run names of any dependent criticalen.	5. List the full names of any dependent children.
6 (a) Full name of applicant's father Brails West Hamilton St.	The state of the s
6. (a) Full name of applicant's father Three 1 Control of the Cont	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother batty when all
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state)
ACCURATE PROPERTY.	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Houald N Hamilton JR, Date 4/10/91	Signature of Applicant Sand C. Lorman Date 4-10-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given  Countried HENDRICKS ss:	State of Indiana ) I swear/affirm that the information given State of Indiana State of Indi
County of HENDRICAS in this application is true and correct.  Signed X HENDRICAS II.	County of HENDRICKS in this application is true and correct.  Signed * * * * * * * * * * * * * * * * * * *
New Address Subscribed and sworn to before me this 10 day of 4 19 9 1	New Address
Subscribed and sworn to before me this day of 19 19 11	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONCERT OF DESCRIPTION OF CHARGINA
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS  Sas:  Father ID #	County of HENDRICKS ss:
Mother	Mother
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 4-10-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and Janet E. Gorman	I further certify that the following marriage certificate was filed in my office:
I,Cynthia J. Spence (date), atDanville	(name), certify that on 4-10-91
Ronald N. Hamilton, Jr. of Hendricks	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cynthia J. Spence	
	4-11-91 (date).
	Signed Connie Lawson Clark
	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 124

HEND	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Separated Name of Physician Warrens Masy
MALE APPLICANT	FEMALE APPLICANT
Name   First   Middle   A Last	Name First Middle Last
Jody Cruex M Donald	Janet Hay Younter
Date of Birth 2 Month Day 28 Year 68	Date & Birth Day 6 Year 1
Place of Birth (State or foreign country) Indiaxa	Place of Birth (State or foreign country) Indiaxa
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City (County State
204 S. Newraspa Fo. Dor 156, floreissaum, Herariero, Grac	5342 F. Mainupts, Danville, Hendricks, and
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married . OR-No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dotter (Specify) Whullofficense	Date of birth verified by: Birth Certificate Gormer (Specify) Whites Julius
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?     No    Yes □
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No Yes   Yes   Yes   Yes	3. Are you now under the influence of an alcoholic beverage?  No Yes   No Yes
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?     No ✓ Yes ☐     List the full names of any dependent children.
AND REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY.	The State of the S
Comment in the medianal	Campod lawy Sontis
6. (a) Full name of applicant's father Mes Renneth SM Conald (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father familiary full full for adopted, list adoptive parents only).
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Honniel Harre Spangoson	(b) Full maiden name of applicant's mother wanda flan filled
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  That are the state of
Birthplace of mother (State or foreign country) Rentucky	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  Light Clerk of the  HENDRICKS  I swear/affirm that the information given in this application is five and correct.  Main and 5 Danville Indiana  Subscribed and sworn to before me this  HENDRICKS  Circuit Count	State of Indiana County of HENDRICKS Signed State of Indiana New Address Subscribed and sworn to before me this  Alexander of the HENDRICKS Circuit Court
CONSTALT OF PARTIES PARTIES OF CHARDAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	Jody Erwin McDonald
and Janet Kay Poynter	I further certify that the following marriage certificate was filed in my office:
I, Kenneth R. Paquin (date) at North Salem	(name), certify that on 4-27-91
	Indiana
Tanak Van Danakan . Handadakaha	County Indiana (state), and unty 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 4-27-91
Signed by: /s/ Kenneth R. Paquin	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-30-91 (date).
	Signed Const. 2
	Signed Clerk  HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

No. 125

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	County File
2 31-7-9-1. Furnishing false information upon applying for license.  a person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No D Yes D 16 No, Medical Examination or Report Dated 4-3-91 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Bi. First Middle M. + Last	Name Name First Middle Galificat'
of Birth Day Year	Date of Birth Month Day Year, C
of Birth (State or foreign country)	Place of Birth (State or foreign country)
ence Address Street or R.B. City County State	Residence Address Street or R.R. J. NCity County State ,
590 Weatfrord of Inaple, Marian Indiana  ous Marital Status: Never Married OR No. of Previous Marriages	1527 Hondley Hd Hampield, Hendricks Italian Previous Marital Status: Never Married FOR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Dother (Specify) Priviles Scenare	Date of birth verified by: Birth Certificate Coffier (Specify) Millers Hillers
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No    Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Leith Heter Gutreuter	6. (a) Full name of applicant's father Wayne Hobbus Jr.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Hansal.	Residence of father (if deceased, so state) Ingland
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother sally found to the sally fo	(b) Full maiden name of applicant's mother from Dureline full and the first transfer of
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Usaansia	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Weccase	Birthplace of mother (State or foreign country)
cknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired une deficiency syndrome)  Date 4-/2-9/  above applicant has objected to verifying by oath or affirmation or signature to the above rowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
e of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
inty of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Dian Without	Signed
New Address day of, 19	New Addréss  Subscribed and quart to before me this day of 19
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of, 19
CENT OF PADENTS PADENT OF CHAPDIAN	CONSCIN OF PURPOSE PARTY OF CHARMAN
ISENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
of Indiana )  HENDRICKS SS:	State of Indiana ) ss:
ty of	County of HENDRICKS SS:
erID #	Father ID #  Mother ID #
cribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
	SE AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Clarked $\frac{4-12-91}{}$ , authorizing the marriage of $$	derk of the Circuit Court of HENDRICKS County, Indiana, Brian K Gutreuter
Deanna J. Robbins	I further certify that the following marriage certificate was filed in my office:
James W. Hartley	(name), certify that on $\frac{4-20-91}{}$
te), atIndianapolis	in Marion County, Indiana,
Brian K Gutreuter of Marion	County Indiana (state), and
Deanna J. Robbins of Hendricks Co	ounty Indiana (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of	
ned by: /s/ James W. Hartley and and recorded in accordance with the laws of the State of Indiana on	
a and recorded in accordance with the laws of the state of matana on	(aute).
	Signed Janua Janua Clerk
ORMS + SYSTEMS 1400-3624702 1477	HENDRICKS Circuit Court

#### STATE OF INDIANA APP

Health under Authority of IC 31-7-3	HEND		E LICENSE  County	No. 124
A person who knowingly fur	e information upon applying for license. This has false information to a clerk of the on applies for a marriage license under D felony.	If No, Me	pplicant 50 No edical Examination or Physician	Date of Application  TS- Yes  Report Dated
M	ALE APPLICANT		FEMALE	APPLICANT
Name - First	Middle Last	Name	First	Middle A Last

circuit court when the person applies for a ma IC 31-7-3 commits a Class D felony. MALE APPLICANT Previous Marital Status: Never Married A OR No. of Previous Marriages Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No Yes 🗌 1. Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No 🛛 Yes 🗌 Are you related to the female applicant closer than second cousing No D Yes 🗌 No X Yes 🗌 No K Yes 🗌 NOD Yes 🗌 List the full names of any dependent children. Residence of mother (if deceased, so state)\_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant X Johnson D Lough The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court \_ State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS HENDRICKS HENDRICKS Come of aust Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary \_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_ County \_\_ Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS \_ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of \_\_\_\_ THOMAS DUWAYNE LOUGH 4-12-91 KAREN DAWN BOLLER . I further certify that the following marriage certificate was filed in my office: (name), certify that on \_ I, CYNTHIA J. SPENCE HENDRICKS (date), at \_\_\_\_\_DANVILLE County, Indiana, IN PUTNAM County \_ THOMAS D. LOUGH \_(state), and \_ IN KAREN D. BOLLER HENDRICKS (state) were married by me as authorized County HENDRICKS \_County, Indiana, dated \_\_\_\_4-12-91 under a marriage license that was issued by the Clerk of the Circuit Court of \_ , 1ST DEPUTY CLERK (official designation) Signed by: /s/ CYNTHIA J. SPENCE 4-12-91 Filed and recorded in accordance with the laws of the State of Indiana on. (date). Clerk Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 4-/5-91

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

Female Applicant 50	No 🖯	Yes 🗆 🗸
If No, Medical Examinati	on or Report	Dated 4-1-91
Name of Physician	In Thon	man

MALE APPLICANT	FEMALE APPLICANT
Name Joseph First Mercle Last Cross	Name Gulle First ann Middle Chambers
Date of Birth / Air Month 30 Day 1960	Date of Birth Ount 25 1960
Place of Birth (State or foreign country) Indiana	Place of Birth (State of foreign country)
Fesidence Address 901E Street or R.R. Grongersburg. Lundricks, State	Residence Address / A Street or R.Ph. Oity Manual State
Previous Marital Status: Never Married D OR No. of Previous Marriages	Previous Marital Status: Never Married [TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dether (Specify) Arways Kuurs	Date of birth verified by: Birth Certificate Dother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind?  Yes
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No  Yes □  2. Are you related to the male applicant closer than second cousin?  No  Yes □
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No ∀ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
0-10	O · D · Mala
6. (a) Full name of applicant's father EUL & Cross	6. (a) Full name of applicant's father Extist Rousson Chambers
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  On oto Hickory (If deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Configuration
(b) Full maiden name of applicant's mother Kata Odelia Karosrder	(b) Full maiden name of applicant's mother Ywa Kynn Dayden
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date  HIS 91  The above applicant has 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  New Address 1837 Cholla Cf. Agf B Trdpls, TN40  Subscribed and sworn to before me this	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant Aurity.  Date 4/15/9/  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS Signed Aurity.  Subscribed and sworn to before me this 5 day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Father  Mother  Subscribed and sworn to before me this day of ID #  Subscribed and sworn to before me this day of ID #  Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	es 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 Cle dated 4-15-41 authorizing the marriage of	
dated 4-5-11 , authorizing the marriage of	
I, Rev. Daniel B. Donotter	I further certify that the following marriage certificate was filed in my office: (name), certify that on $\frac{4-27-91}{}$
(date), at Brownsburg  Joseph M. Cross of Hendricks	in Indiana County, Indiana,
Julie Ann Chambers of Marion Con	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Rev. Daniel B. Donotter  Filed and recorded in accordance with the laws of the State of Indiana	4 - 29 - 91 (data) (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-29-91 (date).
	Signed Connie Lawson Clerk
BOYCE FORMS + SYSTEMS 1-600-382-8702 1477	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENI	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes  If No, Medical Examination or Report Dated  If Nome of Physician
MALE APPLICANT	FEMALE APPLICANT
Name State Strict Strict Middle Siller	Name Tirst Middle Auddie k
Date of Birth Day Day Dear 63	Date of Birth Month 3 Day 2 Year (p.)
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Incluana
Residence Address Street of R.R. City County, State 815A Animusad And Plainting of Glendrich Maliana.	Residence Address Street or B.R. City A. County State
815 A Fairmead Ed Flainfield, Hendricks Indiana	Previous Marital Status: Never Married POR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Dother (Specify) Discuss Size as &	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Dother (Specify) Mullra Culase
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      If answer is "yes," has the adjudication been removed?     No      Yes □	Are you now or have you ever been adjudged to be of unsound mind?     No    Yes
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin?  Yes  Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No ☑ Yes ☐  5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes
Josepharie Telley	
Jessica Brooke Tilly	Os an and Mush of Pueldie
6. (á) Full name of applicant's father // In Clay Chille College (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Sames activity of Unitarity (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Angliana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother // (b) Full maiden name of applicant's mother // (b) Full maiden name of applicant's mother // (c) Full maiden name of applicant name of appl	(b) Full maiden name of applicant's mother Council Cou
Residence of mother (if deceased, so state) Inpliana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  159
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   Signed	State of Indiana  County of HENDRICKS  Signed HENDRICKS  New Address  Subscribed and sworn to before me this 5th day of Capture 19
Connut Yawson Clerk of the HENDRICKS Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Countried HENDRICKS ss:	State of Indiana )  State of Indiana )  HENDRICKS ss:
FatherID #	County of HENDRICKS ) Father
MotherID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authori	Court, by written order issued izes 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 C dated $4-15-91$ , authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana, Jeffrey Eric Tilley
and Linda Kay Ruddick	I further certify that the following marriage certificate was filed in my office:
I, Stephen White (date), at Plainfield	(name), certify that on
Jeffrey Eric Tilley of Hendricks	_ County _ Indiana (state), and
	ounty Indiana (state) were married by me as authorized
	County, maiana, aatea
Jeffrey Eric Tilley of Hendricks	County Indiana (state), and Indiana (state) were married by me as a

Clerk

\_Circuit Court

\_ Clerk Circuit Court

## STATE OF INDIANA

HENDRICKS		County	No	
plying for license. on to a clerk of the liage license under	Female Applif No, Medic	cal Examination of	Date of Application  Yes  Per Report Dated 4-9-91	

IC 31-7-9-1. Furnishing false information upon app A person who knowingly furnishes false informatio circuit court when the person applies for a marria IC 31-7-3 commits a Class D felony.

MALE APPLICANT	FEMALE APPLICANT
Name James First Friderick There	Name Pitty First Middle P. Last
Date of Byth August 1994	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (Month Pay Year O
Regidence Addgess / / // Street or R.R. City / Country / - /State /	Indiana
329 Odell It Knownskurg Hundricks, In	Residence Address! A Street or R.R. City County County States
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cher (Specify) Willes Figures	
- Wasse Niena	Date of birth verified by: Birth Certificate Sother (Specific Living Kickles Kickles)
	PROPERTY STATE OF THE PROPERTY
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	record truchelle Trupes
6. (a) Full name of applicant's father Insderick William Meer	6. (a) Full name of applicant's father Robert See Ruse
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Andland , Brushaman	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother / Well Will Will Will Will Will Will Will	(b) Full maiden name of applicant's mother Julabaum March
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Stationary
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Andiana
ACKNOWLEDGMENT	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana  I swear/affirm that the information given  County of HENDRICKS  Signed HENDRICKS  New Address  New Address  New Address	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this day of 19	New Address  Subscribed and sworn to before me this day of 19
Clerk of theHENDRICKSCircuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We the parents of this applicant, barehy give consent for this applicant.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of 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 date which made the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana )
FatherID #	County of HENDRICKS ss:
MotherID #	FatherID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT	
County	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	BOSE - [2017] [2017] - BOSE BOSE -
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,  James Frederick Mier
and Rita Sue Reeves	I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-20-91
n, Harold L. Leininger (date). at Calvary United Methodist	
	_ tri County, Inatana,
Dita Cua Danier	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 4-20-91
Signed by: /s/ Harold L. Leininger	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-25-91 (date).
	C - D
	Signed Ornic Dawson Clerk
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

## APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth THDIANA MCCORDSWILLE LANCOCK THOMANA Annulment Death Last Marriage Ended By: Divorce 🗗 Annulment Divorce Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes No V Yes No 🗹 Are you now under the influence of an alcoholic beverage? No 🗹 Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. THESON WILLIARS GOFF CHARLIS HUGH JONES (a) Full name of applicant's father Threes A. WARNERKE Birthplace of father (State or foreign country) TAPIANA
(b) Full maiden name of applicant's mother DEANETTE L. ROUSE Birthplace of father (State or foreign country)\_ 76KAS en name of applicant's mother DANIELLE (EONA DROWN Residence of mother (if deceased, so state) FNUIBNA Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) THE IAHA Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above I swear/affirm that the information given I swear/affirm that the information given \_ day of Davil, 19 91 \_ day of april, 19 4-17 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued \_ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ dated \_\_\_\_\_4-17-91 , authorizing the marriage of \_\_\_\_\_CHRISTOPHER THOMAS WARNECKE . I further certify that the following marriage certificate was filed in my office: CAROL ANNETTE GOFF (name), certify that on \_\_\_\_4-17-91 CYNTHIA J. SPENCE (date), at \_\_\_\_\_DANVILLE HENDRICKS County, Indiana, County \_\_\_ -CHRISTOPHER T. WARNECKE HENDRICKS \_(state), and IN (state) were married by me as authorized CAROL A. GOFF HANCOCK \_ of\_ \_ County \_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of \_ \_County, Indiana, dated \_

, 1ST DEPUTY CLERK

4-17-91

(official designation)

Clerk

Circuit Court

/s/ CYNTHIA J. SPENCE

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	PRICKS County File
	4-17-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes  If No, Medical Examination or Report Dated  3-19-91 Name of Physician  Norman
MALE APPLICANT	FEMALE APPLICANT
Sorry First Aulknes Hus Last	Name Centhia Diaxe Middle Musewarder
Date of Birth Month Day Dear O Year 3	Place of Birth (State or foreign country)  Adiaxa
Residence Address   Street or A.R.   City   County   State	Residence Address Street or R.R. City County State
115.3 TUNGOWAULE CF LOGICUS III. INAUGUS JUNION MORE Previous Marriages  OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gentler (Specify) Ni Wells Suese	Date of birth verified by: Birth Certificate Gentler (Specify) Whulers I cleane
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No Yes   Y	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?  No Yes   No Y	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
ii. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.  Andrew Farl Wood
Doed how Edicat X / wall and	Marchel Mina a Swandal and
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Leval to Company of the adopted list list adopted list list adopted list list adopted list list list list list list list list
Residence of father (if deceased, so state) Llclasto	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) April Caraliza	Birthplace of father (State or foreign country) Induagra
(b) Full maiden name of applicant's mother flug tachael Holle	(b) Full maiden name of applicant's mother arolly 5000 mox
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) //o/ttk (Ogralyaa)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Mott & Carolina	Birthplace of mother (State or foreign country) Waldwarma
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Buyan Faulkna Fught-Date 4-17-91	I acknowledge that I have received information regarding dangerous communicable diseases 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  4-17-91
the above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Date	Clerk of Court Date
Signed Bayon faulence House Taylor for this application is true and correct.	State of Indiana  County of HENDRICKS  Signed Cynthia Chysteriae in this application is true and correct.
New Address Subscribed and sworn to before me this	New Address Subscribgd and sworn to before me this Adv of April 19
MENDRICKS Circuit Court  HENDRICKS Circuit Court	Consult Hall Saffer of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana ) ss:
county of	County of
fother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	
and Cynthia Diane Nysewander	I further certify that the following marriage certificate was filed in my office:
Rev. John C. Parsley	(name), certify that on4-27-91
date), at Plainfield Bryan Faulkner Hughes of Marion	_ in _ Hendricks County, Indiana,
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	

, <u>Pastor</u> 5-2-91

\_ (official designation)

\_\_\_\_ Clerk \_Circuit Court

(date).

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of \_Signed by: \_\_/s/ Rev. John C. Parsley
Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. \_\_\_/32

HEND.	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗆 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician Howell
MALE APPLICANT	FEMALE APPLICANT
Name Games Middle Last From	Name Correl Lucom) Reskers)
Date of Birth Month Day Year OSS  Place of Birth (State or foreign country)  Residence Addrass # Street or R.R. Sty Lounty State  But 34 Sullance, Future M.  Previous Marital Status: Never Married OR No. of Previous Marriages	Date of Birth  Month  Day  Year  17  Co3  Place of Birth (State or foreign country)  Residence Address  Street-or R.R.  City  Country  State  Hoove Address  Previous Marital Status: Never Married DP No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Il Lee.	
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   Yes   Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes   Yes   List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  (By Full maiden name of applicant's mother parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Problema  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Wulter deware perhaps (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  Full maiden name of applicant's mother frames developed (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)  Analyzand
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Signed AMES Allow System on this application is true and correct.  New Address 2444 W. Broadway January M.  Subscribed and sworn to before me this B day of HENDRICKS Circuit Court	State of Indiana  County of HENDRICKS  Signed Arbl Lunn Perkers  New Address 244 W. Broadway Danville or Subscribed and sworn to before me this based on the HENDRICKS  Subscribed and sworn to before me this based on the HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS Ss:	State of Indiana )  HENDRICKS SS:
County of ID # ID #	County of
Mother ID # Subscribed and sworn to before me this day of, 19  Clerk	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle  dated	erk of the Circuit Court of HENDRICKS County, Indiana.
	I further certify that the following marriage certificate was filed in my office:
(date), at Fillmore	(name), certify that on _ in Putnam County, Indiana,
James Allen Lyons of Putnam	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-27-91
Signed by:/s/ P. Michael Thornburg Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)  5-7-91 (date).
	Signed Connie Jawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated Name of Physician Asta Medita Sar

HENDRICKS

Circuit Court

	FEMALE APPLICANT
Michael Lee Miles	Name First Middle Bear  Melania Louisa Bear
e of Birth Month Day Year	Date of Birth Month Day Year
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1028 W 200 S Dawelle	128 Taken Run Dr. Brownship
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
of birth verified by: Birth Certificate Cother (Specify)	Date of birth vernied by: Apirth Certificate Conner (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the female applicant closer than second cousin?  No Yes  Yes	If answer is "yes," has the adjudication been removed?  No Yes □  Are you related to the male applicant closer than second cousin?  No ☑ Yes □
Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father County Engine miles)	6. (a) Full name of applicant's father Comes Horry Blan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Daniels To	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Shelby your Idana	(b) Full maiden name of applicant's mother house of Applicant house
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 1 (2)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
nature of Applicant Michigal 2. Miles Date 4-18	immune deficiency syndrome). M
nature of Applicant Date Thus	Signature of Applicant A Com J. Decr. Date 4/18/
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
te of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information give
unity of HENDRICAS in this application is true and correct.  Signed Muchial J. While	County of HENDRICKS in this application is true and correct Signed Melan & Boar
New Address	New Address 128 CERAR Run Dr. BRurg.
bscribed and sworn to before me this day of 4 19 91	Subscribed and sworn to before me this day of . 19 9 1
	Ministration Clerk of the HENDRICKS Circuit Cou
MML Question Clerk of the HENDRICKS Circuit Court	Colon of the Colon con
	Att 6000 Account on the
Clerk of the HENDRICKS Circuit Court USENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Clerk of the HENDRICKS Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
Clerk of the HENDRICKS Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e 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 sign state facts which make the consent of the other parent unnecessary
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  e of Indiana  )  SS:	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  te of Indiana  ) ss:	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  SS:
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  e of Indiana  )  HENDRICKS  SS:	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  SS:
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  e of Indiana  inty of HENDRICKS  SS:  ID #	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  SS:
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  te of Indiana  The HENDRICKS  SS:  ID #	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Ses:  Father  ID #  Mother  Subscribed and sworn to before me this day of 19
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary  e of Indiana  inty of HENDRICKS  SS:  ID #  scribed and sworn to before me this day of	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  SS:  ID #  Mother  ID #  Subscribed and sworn to before me this day of
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  the of Indiana  inty of HENDRICKS  ss:  ID #  conserved and sworn to before me this day of 10 #  Clerk  DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Ses:  Father  Mother  Subscribed and sworn to before me this day of 19  Cite  A marriage license having been refused to the above named parties, the
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary  e of Indiana  inty of HENDRICKS  ss:  ID #  county  Clerk  DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 #  County of HENDRICKS  Father ID #  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  the of Indiana  inty of HENDRICKS  ss:  ID #  ber	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 #  County of HENDRICKS  Father ID #  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary  e of Indiana  inty of HENDRICKS  ss:  ID #  ID #  Clerk  County  County  A guthoriz  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of 19  County of 19  Co
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary  the of Indiana  ID #  ID #  Clerk  County  Clerk  County  ARETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Subscribed and sworn to before me this day of 19  County of 19  Co
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, at a cats which make the consent of the other parent unnecessary  The of Indiana  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, at a cats which make the consent of the other parent unnecessary  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, at a cats which make the consent of the other parent unnecessary  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, at a cats which make the consent of the other parent unnecessary  The parents of this marriage. If only one parent signs, at a cats which marriage. If only one parent signs, and the parent signs, and the cats which marriage of the cats	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of 19  Cite  A marriage license having been refused to the above named parties, the Court, by written order issued 10 ces and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Left of the Circuit Court of HENDRICKS County, Indiana, Michael L. Miles
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, as facts which make the consent of the other parent unnecessary  The of Indiana  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, as facts which make the consent of the other parent unnecessary  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, as facts which marriage. If only one parent signs, and the parents which marriage of the facts which marriage of the parents of this marriage of the parents of the other parents unnecessary  The parents of this marriage. If only one parent signs, as facts which marriage. If only one parent signs, and the parents which marriage of the parents which marriage of the parents which marriage of the parents of th	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of 19  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued 19  tes and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Terk of the Circuit Court of HENDRICKS County, Indiana, MI Chael L. Miles  I further certify that the following marriage certificate was filed in my office
Clerk of the HENDRICKS  Circuit Court  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  the of Indiana  ID #  ID #  ID #  Clerk  County  County  The parent unnecessary  ID #  Clerk  County  County  RETURN OF MARRIAGE LICENS  Certify that there was filed in my office a marriage license issued by the Clerk  The parents of this applicant, hereby give consent for this marriage of the only one parent signs, and the only one parent signs, an	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of 19  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued 19  res and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana, 19  I further certify that the following marriage certificate was filed in my office (name), certify that on 4-20-91
Clerk of the HENDRICKS  NSENT OF PARENTS, PARENT, OR GUARDIAN  The parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  The of Indiana (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of 19  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued 19  tes and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana, 19  I further certify that the following marriage certificate was filed in my office (name), certify that on 4-20-91  in Hendricks County, Indiana, (state) and (state) and
NSENT OF PARENTS, PARENT, OR GUARDIAN  In the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary  ID #	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Father ID #  Mother ID #  Subscribed and sworn to before me this day of 19  Cle  A marriage license having been refused to the above named parties, the Court, by written order issued 19  tes and directs the issuance of a marriage license to the above named parties  SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana, MIChael L. MILES  I further certify that the following marriage certificate was filed in my office (name), certify that on 4-20-91  in Hendricks County, Indiana, (state), and
Clerk of the HENDRICKS  NSENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary  the of Indiana	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary  State of Indiana  County of

#### STATE OF INDIANA ADDITION FOR MARRIAGE LICENSE

of IC 31-7-3	No. 134
HEND.	
	4-18-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated  Name of Physician Michael Reely
IC 31-7-3 commits a Class D felony.	Walle of Frysloan Lacrosco. Taxon
	FEMALE APPLICANT
MALE APPLICANT  Name First Middle Last	Name First Middle Aast
Date of Birth Month Day Year	Date of Birth  Bloky Mofith Day Year 1962
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City, County State/	malara County State
2302 Modeling Feel, Indiarapolis, Gerdinks, De	line 2302 Nowling Kese, Indiarapolis, Lerdinks, Indias
Previous Marital Status: Never Married M OR No. of Previous Marriages	Previous Marital Status: Never Married P OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Wother (Specify) Driver's Ricease	Date of birth verified by: Sirth Certificate Tother (Specify) Druces Ricease
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   Yes   Yes    Yes    Yes    Yes     Yes
1. Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   If answer is "yes," has the adjudication been removed?  No   Yes   Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐  If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No   Yes   4. Are you now under the influence of a narcotic drug? No   Yes   Yes □	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐  4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lee Walker	6. (a) Full name of applicant's father Cashy Earl Snow
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Addiana
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Additional of the country of the	Birthplace of father (State or foreign country) Kladusky
(b) Full maiden name of applicant's mother Described field Phillips	(b) Full maiden name of applicant's mother Rasemary & ruise falls
(If adopted, list adoptive parents only)  Pesidence of mother (if deceased so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Indiana  Birthplace of mother (State or foreign country) Addiana
	Carlotte Committee Committ
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Robert Mervin Walker Date 4-18-91	Signature of Applicant X Bechy a. Snow Date april 18,19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given .	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.  Signed X Robert Mervin Valker	County of HENDRICKS in this application is true and correct.
New Address	Signed & Bechy a. Snow
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of theHENDRICKSCircuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana ) SS:
County of HENDRICKS	County of HENDRICKS
Father ID #  Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedces and directs the issuance of a marriage license to the above named parties.
and mod in, authoriz	es and sheets the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated 4-18-91, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
I, Robert E. Jones	(name), certify that on 4-27-91
(date), at Poland Robert M. Walker of Hendricks	inOwenCounty, Indiana,
D. J. C. Mandadaha	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	UENDRICKE 1 27 01

Pastor

5-1-91

(official designation)

\_ Clerk Circuit Court

HENDRICKS

Signed by: /s/ Robert E. Jones

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

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File \_\_\_\_\_\_

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

Female Applicant 50 If No, Medical Examination	No 🖫	Yes □	
		Bran	

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 B.R. City County State	Residence Address Street or R.R. City County State
- SWE	RRI Box 400 Changes
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Qother (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No   ▼ Yes □   The property of the pr
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  Are you related to the male applicant closer than second cousin?  No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No S Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?  No Yes   es
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father board . Well	6. (a) Full name of applicant's father Wande R. Juter
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Specific Particular Table.	(b) Full maiden name of applicant's mother That a service (adaptive parents only)
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 4-19-51	Signature of Applicant X Success Fister Date 4-19-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	Clerk of Court Date
	State of Indiana ) I swear/affirm that the information given
State of Indiana  County of HENDRICKS  Se: Se: Miss application is true and correct.	County of HENDRICKS ss: // in this application is true and correct.
Signed Accounts Colleges	Signed X Velle Business
New Address Subscribed and sworn to before me-this 9 day of 9	New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of	County of HENDRICKS ss:
Father ID #  Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me this	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, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated 4-19-91, authorizing the marriage of	derk of the Circuit Court of HENDRICKS County, Indiana,
and Tricia A. Lister	. I further certify that the following marriage certificate was filed in my office: $4-19-91$
I, Cynthia J. Spence Danville	(name), certify that on
Donald A. Wells of Hendricks	inindiana(state), and
Tricia A. Lister of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cynthia J. Spence	HENDRICKS County, Indiana, dated 4-19-91  , 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-19-91 (date).
	C . P
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

## STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Last Marriage Ended By: Date of birth verified by: Birth Certificate Souther (Specify) Driver Shearnse 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 ☐ No 🖤 Yes 🗌 No V Yes 🗌 If answer is "ves," has the adjudication been removed? If answer is "ves," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No N Yes 🗌 Are you related to the male applicant closer than second cousin? No 19 Yes 🗌 No M Yes 🔲 No V Yes 🗌 Are you now under the influence of a narcotic drug? No 🗹 4. Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. List the full names of any dependent children. \_ (b) Full maiden name of applicant's mother Hazela Diane Wods-Py Residence of mother (if deceased, so state) In diara Residence of mother (if deceased, so state) Indian Combag
Birthplace of mother (State or foreign country) Lulgeria Birthplace of mother (State or foreign country) Induana ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant X Wristing M. Smithatel 4-19-91 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court \_\_\_\_ Clerk of Court HENDRICKS day of April, 19 91
HENDRICKS Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_ County \_ Court, by written order issued \_ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS \_ County, Indiana, 4-19-91 \_\_\_\_\_, authorizing the marriage of \_\_\_\_ RICHARD ALAN WHITLOW CHRISTINA MARIE SMITH \_ . I further certify that the following marriage certificate was filed in my office: I, PATRICK J. KELLY \_ (name), certify that on \_\_\_\_\_\_5-11-91 (date), at \_\_\_\_ MOORESVILLE in MORGAN County, Indiana, RICHARD A. WHITLOW \_ of\_\_\_ HENDRICKS County \_\_\_\_IN \_\_\_\_(state), and \_ CHRISTINA M. SMITH HENDRICKS IN \_\_ of\_\_\_\_ \_ County \_\_\_ \_ (state) were married by me as authorized HENDRICKS County, Indiana, dated \_\_\_\_

, CATHOLIC PRIEST (official designation)

Circuit Court

5-14-91

under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_

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

Signed by: /s/ PATRICK J. KELLY

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County 4-19-91

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

Female Applicant 50 No 🗵 Yes If No, Medical Examination or Report Dated Name of Physician Yes 🗆

MALE APPLICANT	FEMALE APPLICANT
Name First R. Middle Warel	Name First Middle Schwartz
Date of Birth Month Day Year 4 23 69	Date of Birth Month Day Year 70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address  Silver or R.R. City County Magning State  4	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of birth verified by: Birth Certificate Definer (Specify)	Date of birth verified by: Birth Certificate Fother (Specify) Drivera Factors
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐  2. Are you related to the female applicant closer than second cousin?  No ★ Yes ☐	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖸 Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
D-00 R 20 -0	D 20.1 Sel +
6. (a) Full name of applicant's father Donald Ray Havel  (if adopted, list adoptive parents only)	6. (a) Full name of applicant's father Songer Welson Schwarts (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Spolanille, IN	Residence of father (If deceased, so state) Warm, Thickings
(b) Full maiden name of applicant's mother Thomas Curn Hutan	Birthplace of father (State or foreign country)  This his age of the chief of the c
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Ologico, IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date Date	Signature of Applicant X 1000000 Date 4 199
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) (Jowean/attriffm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS  Signed Si	County of HENDRICKS ss: in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this 9 day of April 19 9 HENDRICKS	Subscribed and sworn to before me this 19 day of Capril 9 9 HENDRICKS
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state lates which make the consent of the other parent officessary
State of Indiana )  Countried HENDRICKS ss:	State of Indiana )  HENDRICKS ss:
County of HENDINGS ) Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated	
I, MYRON BARNARD	$\_$ . I further certify that the following marriage certificate was filed in my office: $\_$ (name), certify that on $\_$ 5-18-91
(date), at INDIANAPOLIS DAVID R. NAVEL of MARION	in MARION County, Indiana,
UPARUED C CCUMADEZ MARTON	CountyINDIANA (state), and untyINDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-18-91
Signed by: /s/ MYRON BARNARD  Filed and recorded in accordance with the laws of the State of Indiana and	JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-21-91 (date).
	Signed Connie Jawan Clerk
	HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated Name of Physician Black
MALE APPLICANT	FEMALE APPLICANT  Name First Middle? Last
Name Alexel White Black	- Roben D. Mapwell
Date of Birth Day Year 1963	Date of Birth Month Lee. 5 Year 1963
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address 7325 E 800 N Braunsley Wink &	Residence Address Street or R.B. City County State  Hold 3 Francy Fox Ct. Marion State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marrieges
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Office (Specify)	Date of birth verified by: Birth Certificate ②Offier (Specify)
drevers lie.	Anima Sec.
Are you now or have you ever been adjudged to be of unsound mind?  No	Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes  Yes  Yes  Yes
4. Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No  Yes   5. List the full names of any dependent children.
6 (a) Full name of applicant's father Maurice James Black	6 (a) Full page of applicants taken Lland Muslimett
6. (a) Full name of applicant's father fill adopted, list adoptive parents only)	6. (a) Full name of applicant's father Florida (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brungafung Sm-	Residence of father (if deceased, so state) Augustativa Jests
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother May Villagence Dalismo	(b) Full maiden name of applicant's mother They have supplied the supplied to
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Allemantaian Jen
Birthplace of mother (State or foreign country) and former	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 04/22/91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above 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 ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss:
Signed Sanit John Dack	Signed Such activation Ct.
New Address 46/3 Framington Ct. Inlpts IN 46254 Subscribed and sworn to before me this 22 day of APPIL . 19 91	Subscribed and sworn to before me this 22 day of 2001, 19
Comme Source Clerk of the HENDRICKS Circuit Court	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,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ) SS:	State of Indiana ) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
County	
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, Daniel John Black
and Robin Denise Maxwell	I further certify that the following marriage certificate was filed in my office:
I, Rev. Paul R. Bauman	(name), certify that on5-4-91
(date), atIndianapolis	inMarion County, Indiana, CountyIndiana (state), and
Robin Denise Maxwell of Marion Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 5-4-91
Signed by: /s/ Paul R. Bauman	,(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-30-91 (date).
	Signed Cornie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	

(date), at BARTLETT CHAPEL

Signed by: /s/ KENNETH E. VETTERS

KEITH L. ROSS

ILENA D. STIDAM

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🕱 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. Donal O IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriages Divorce Annulment Date of birth verified by: Birth Certificate Sother (Specify) Prives. Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 If answer is "ves," has the adjudication been removed? Yes 🗌 NO Yes 🔲 Na Yes 🗌 Yes 🗌 No Are you now under the influence of an alcoholic beverage? Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? Nov Yes 🗌 Yes 🔲 Carl Edwards Stillan Maryrie an Clonse ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court \_ Clerk of Court \_\_ HENDRICKS day of Oysic Connee Fourson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, , authorizing the marriage of \_\_\_\_ KEITH L. ROSS dated \_\_ 4 - 22 - 91 and \_ ILEANA D. STIDAM . I further certify that the following marriage certificate was filed in my office: I, \_\_KENNETH E. VETTERS 5-11-91 (name), certify that on \_

HENDRICKS

HENDRICKS

(date).

HENDRICKS

County Indiana

PASTOR

County Indiana

5-14-19

of\_Hendricks

of Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

County, Indiana,

(state), and

(official designation)

County, Indiana, dated 5-11-91

(state) were married by me as authorized

Clerk

Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗵 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name  First  Middle  Last  Lark  Date of Birth  Day  Year  Place of Birth (State or foreign country)	Name  April Deann Sood  Date of Birth Month Day Year  Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State  Style 5. Dennesses Canalle The  Previous Marital Status: Never Married \(\overline{D}\) OR No. of Previous Marriages	Residence Address Street of R.R. City County State  STORT OF TOTAL OF Previous Marriages  Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Liv.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes Yes Yes Are you related to the female applicant closer than second cousin?  No Yes Yes Are you now under the influence of an alcoholic beverage?  No Yes Yes Are you now under the influence of a narcotic drug?  No Yes Second Yes Yes Yes Second Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stephen Bradley land  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Swatch Ann Honales	6. (a) Full name of applicant's father Yourseld D. Woed  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Yourselder D. Bull
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  **Turkling**  **Turk
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana County of HENDRICKS Signed Signed Strue and correct.  New Address Subscribed and sworn to before me this Aday of 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 Plant Wood  New Address day of 4, 19 9  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 ) ss:  County of HENDRICKS ss:	State of Indiana
MotherID #	MotherID #
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued es 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 Cl dated, authorizing the marriage of	Christopher B. Clark
(date), atDanville	I further certify that the following marriage certificate was filed in my office:  (name), certify that on
April D. Wood of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ John F. Strifler	munty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 4-27-91  Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	Signed Cornie Sauren Clerk HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	Circuit Court

141

\_\_\_\_ Clerk \_Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL	County File
	4-23-91 Date of Application
231-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician Dr. Hadlup
MALE APPLICANT	FEMALE APPLICANT
David Thomas Martin	Name Melissa Syddle Lineth
o of Birth Month Day Gar	Date of Birth Month Day Year 1973
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.P. City County State 337 Candrus Ds. Plainfield Lendriche Idlians Holla	Residence Address Street or R.R. City County State
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages  4623
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
South Collection Colle	The district control of the control
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  No   Yes □  Yes □	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes
List the full names of any dependent children.	5. List the full names of any dependent children.  ———————————————————————————————————
(a) Full name of applicant's father Davia W. Maetin	6. (a) Full name of applicant's father Carl Smith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Full Mark  (b) Full maiden name of applicant's mother Luc L. Maiden	Birthplace of father (State or foreign country) Revelocity  (b) Full maiden name of applicant's mother Audia a. Kolodacij Sin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indian	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Wilgeria	
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cknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted; and a list of the test sitgs for the virus that causes AIDS (acquired une deficiency syndrome)  above applicant X  above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs.  col Court  Date  1 swear/affirm that the information given indubis application is true and correct.  Signed X  New Address  cribed and sworn to before me this  Cierk of the  HENDRICKS  Circuit Court  Circuit Court  SENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary  of Indiana  Any of HENDRICKS  Server  10 #  Cierk  Cierk  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  A get lied 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  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  State of Indiana  County of HENDRICKS  Signed   New Address  Subscribed and sworn to before me this 23 day of ABOVED Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signed   Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby 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  Size of Indiana  County of HENDRICKS  Subscribed and sworn to before me this 23 day of Apover 19 per 19
cknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sitgs for the virus that causes AIDS (acquired une deficiency syndrome) atture of Applicant X 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  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS Signed X  New Address Subscribed and sworn to before me this Clerk of the HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  State of Indiana County of HENDRICKS  Father X  Mother X  Mother X  Mother X  Mother X  Mother Circuit Court of HENDRICKS  County, Indiana, David Thomas Martin  I further certify that the following marriage certificate was filed in my office:  (name), certify that the following marriage certificate was filed in my office:  (name), certify that on  Morgan  County, Indiana
cknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted; and a list of the test sitgs for the virus that causes AIDS (acquired une deficiency syndrome)  above applicant X  above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs.  A of Court  Date  Or Indiana  HENDRICKS  Signed X  New Address  Scribed and sworn to before me this  Clerk of the  HENDRICKS  Clerk of the  HENDRICKS  Or Indiana  I swear/affirm that the information given industs application is true and correct.  HENDRICKS  Circuit Court  SENT OF PARENTS, PARENT, OR GUARDIAN  the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary  or of Indiana  and of HENDRICKS  Series  For ID #  Clerk  MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County  That there was filed in my office a marriage license issued by the Clerk  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  A of Indiana  A ply of A clerk  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  RETURN OF MARRIAGE LICENSE  A ply a cuthorizing the marriage of A cuthorizing the Moores ville	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS Signed X  New Address Subscribed and sworn to before me this 23 day of HENDRICKS  Clerk of the HENDRICKS Clerk of the HENDRICKS  State of Indiana County of HENDRICKS  Subscribed and sworn to before me this 23 day of HENDRICKS  State of Indiana County of HENDRICKS  Father Address  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 23 day of Parill ST-1213  Subscribed and sworn to byfore me this 24 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn to byfore me this 25 day of Parill ST-1213  Subscribed and sworn

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician An. Jerry IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death | Divorce Annulment Annulment Death Divorce 🔲 Last Marriage Ended By: Date Last Marriage Ended By: Date Date of birth verified by: Birth Certificate Other (Specify) No Yes No Yes 🗌 No Yes Yes 🔲 No Yes No 🖸 No Yes Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No D No Yes Are you now under the influence of a narcotic drug? No 🔟 Birthplace of father (State or foreign country)\_\_\_\_\_ Birthplace of mother (State or foreign country)\_\_\_\_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given Heren New Address \_ Sum HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS

, authorizing the marriage of \_\_\_ Steven Roy Laughlin

County\_

County \_

5-7-91

of\_Hendricks

\_\_ of\_ Hendricks

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

(date).

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

HENDRICKS

Minister

Hendricks

Indiana

Indiana

5-5-91

County, Indiana,

County, Indiana, dated \_

(official designation)

\_(state), and

(state) were married by me as authorized

Clerk Circuit Court

and \_ Jennifer Lynn Moore

Steven Roy Laughlin

\_ Jennifer Lynn Moore

Dave Kovalow-St. John

(date), at Pittsboro Christian Church

Signed by: /s/ Dave Kovalow-St. John

under a marriage license that was issued by the Clerk of the Circuit Court of

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
Name / First , Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year P
2 06 1938	Place of Birth (State or foreign country) .
Place of Birth (State or foreign country)  Midiana	Indiara
Residence Address Street or R.R. City, County State 2101 Crustal Lorinas La, Lucinitage, Davisor Canassa	Residence Address Street or B.R. City County State 1615 N. 650 E. Brownstara, Herdricks, Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married  OR No. of Previous Marriages /
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:   Birth Certificate Wother (Specify) Driwer's Historial	Date of birth verified by: Sirth Certificate Scher (Specify) Driver's Ricease
Silver Do Jeclase	- Control of the control
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ✓	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No W Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No   Yes   5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug?  No  Yes  5. List the full names of any dependent children.
5. List the full names of any dependent children.	3. List the full names of any dependent uniforent.
9	0: :: 9 :
6. (a) Full name of applicant's father Raymond E. Stepps	6. (a) Full name of applicant's father Chrold Redmon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased as state)
Residence of father (if deceased, so state) <u>VlClastd</u> Birthplace of father (State or foreign country) <u>Indlisso</u>	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Cliep bith Clin Williams	(b) Full maiden name of applicant's mother Mabel Luffman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Proliving	Residence of mother (if deceased, so state) Include
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Maliana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Hay Le Knapp Date 4-24-91	Signature of Applicant X Multin W Mulp Date 29-47
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
ASE OF THE PROPERTY OF THE PARTY OF THE PART	<b>。在1980年中,1980年中,1980年中,1980年中,1980年</b>
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given ss:
County of HENDRICKS in this application is true and correct.  Signed X Hamp Lee Knapp	County of the and correct.
New Address	Signed A WWW MARP
Subscribed and sworn to before me this 24 day of Oscil, 19 91	Subscribed and sworn to before me this 24 day of Opril 19 91
Consider Facusion Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Countried HENDRICKS ss:	State of Indiana )  HENDRICKS SS:
County of	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated 4-24-91 , authorizing the marriage of andJUDITH MARION KNAPP	LARRY LEE KNAPP
and JUDITH MARION KNAPP REV. GEORGE CURRY	
D DOWNCDIDC	(name), certify that on
LARRY LEE KNAPP of DAVIDSON	in TENN. County, Indiana, County TENN. (state), and
JUDITH MARION KNAPP of HENDRICKS Co	unty 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 4-24-91
Signed by: /s/ REV. GEORGE CURRY	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-21-91 (date).
	a Car Car
	Signed Clerk HENDRICKS Circuit Court
ACHITE ECRAIS - SYSTEMS (AND ARCATO) 1477	HENDRICKS Circuit Court

## STATE OF INDIANA

APPLICATION FOR M	MARRIAGE LICENSE
HEND	
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle Last	Name Territer Li Libin
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
Dine -	PO BOX 448 Brownshing
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) On Live .	Date of birth verified by: Spirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No      ✓ Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Zero Yes   Yes
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No 1 Yes 1	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No   Yes   Yes   Yes   Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Rodall E. Hadsin	6. (a) Full name of applicant's father Kust Elliatt Shurin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Tattable TO	Residence of father (if deceased, so state) herealth Muhigan  Birthplace of father (State or foreign country) Wichigan
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  Assame Buy shall Mun	, Co V
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Adalo 10
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test site of the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant X Solution Date	Signature of Applicant X Chrobin Bate 110
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious bellefs.
Clerk of Court Date	Clerk of Court Date Topi
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS Signed X Signed X	County of HENDRICKS in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this 24 day of April 19 91	Subscribed and sworn to before me this 24 day of 4 19 91
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of	County of HENDRICKS ss:
FatherID #	Father ID #
MotherID #	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the  Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 4-24-91, authorizing the marriage of _	Robert B. Hudson
and Jennifer L. Irwin	I further certify that the following marriage certificate was filed in my office: $5 = 4 = 9.1$
I, J. Donald Boebinger (date), at White Lick Presbyterian Church	(name), certify that on5-4-91in Hendricks County, Indiana,
Robert B. Hudson of Hendricks	County Indiana (state), and
Jennifer L. Irwin of Hendricks Co	ounty Indiana (state) were married by me as authorized  HENDRICKS County Indiana dated 4-24-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ J. Donald Boebinger	f — HENDRICKS County, Indiana, dated 4-24-91 — , Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-7-91 (date).

Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 145
HEIND	County File 4-24-91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No S Yes  If No, Medical Examination or Report Dated  Name of Physician   An Advance  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last
ate of Birth Day Year	Date of Birth Day West
ace of Birth (State or foreign couptry)	Place of Birth (State or foreign country)
Danville In	Bortland IN
esidence Address Street or R.R. City County State IN  1147 Springerest St. Blankeld Hudricks	Residence Address Street or R.R. City County State  1363 Dahama Ct, Indianapolis Marian, In
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
_ 7 0.	
tle of birth verified by: Birth Certificate Other (Specify) Druvers Tycense	Date of birth verified by: Birth Certificate Other (Specify) Druners Sicense
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes  Yes	2. Are you related to the male applicant closer than second cousin? No X Yes  3. Are you now under the influence of an alcoholic beverage? No X Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	* * * * * * * * * * * * * * * * * * * *
(a) Full name of applicant's father Sovert Euglie Smith	6. (a) Full name of applicant's father Jarry Dama Onth
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  The solid on the solid
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Eugenia Jane The Integre	(b) Full maiden name of applicant's mother Canalyn Span Dasyle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) The First Plant IN
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome)  Applicant Date 4/24/9/	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant A. Britte Date 4-24
ne above applicant has objected to verifying by oath or affirmation or signature to the above eknowledgment because of religious beliefs.  Berk 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
ss: I swear/affirm that the information given in this application is true and correct.  Signed A Sheef	State of Indiana  County of HENDRICKS  Signed Cleba R. Buttl  New Address  Subscribed and sworn to before me this 24th day of April 1997  Clerk of the HENDRICKS  Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate 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
ate of Indiana )	State of Indiana )
ounty of	County of HENDRICKS ss:
ther ID #	Father ID #
bther ID # bbscribed and sworn to before me this day of 19	MotherID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cleated 4424-91 , authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
date), at PLAINFIELD	in HENDRICKS County, Indiana,
DAVID A. SMITH of HENDRICKS	County IN (state), and
	unty IN (state) were married by me as authorized

Signed\_

5-14-91

County\_

MINISTER

HENDRICKS

(date).

Spusen HENDRICKS

of\_

under a marriage license that was issued by the Clerk of the Circuit Court of \_ Signed by: \_\_\_/S/ STEPHEN WHITE

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

\_\_\_\_ (state) were married by me as authorized \_\_\_\_\_ County, Indiana, dated \_\_\_\_ 5-11-91 \_\_\_\_\_ (official designation)

Clerk Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** 

County

146

	Y-25-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes  If No, Medical Examination or Report Dated 4-22-91  Name of Physician Dr. Thaugner Q
MALE APPLICANT	FEMALE APPLICANT
Name Brian R. Zalorowsky	Name First Middle Last Cachoon
Date of Birth Month Day Year Q	Date of Birth Month Day Vear 52
Place of Birth (State or foreign coughty)	Place of Birth (State or foreign country)
Residence Address Street & A.R. City Country State 425 Jorney Brownshura Hendriches In	Residence Address Street or R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 11/2/88	Last Marriage Ended By: Death Divorce Q Annulment Date 5 - 9 - 8
Date of birth verified by: Birth Certificate Striker (Specify) Drivers Science	Date of birth verified by: Birth Certificate Other (Specify) Drivers Dicense
Are you now or have you ever been adjudged to be of unsound mind?  No Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No S Yes   3. Are you now under the influence of an alcoholic beverage? No S Yes	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No X  Yes   Yes
Are you now under the influence of an alcoholic beverage?  No  Yes   4. Are you now under the influence of a narcotic drug?  No  Yes   Yes   Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Yes  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Don Qo Quelson
	Gobbi ann Jackson
6. (a) Full name of applicant's father Benjamin Bayrand Zaborous	2006. (a) Full name of applicant's father Maynord Burlin Thompson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) W. Viranna	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Claudia Jan Daumograner	(b) Full maiden name of applicant's mother Pauline L. Myckely
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  The state of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (If deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 4/25/91	Signature of Applicant X Bonno & Jackson Date 4/25/91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 425 Varner Dr. Brownshus, IN.	Signed Somme & Jackson
Subscribed and sworn to before me this 25 day of april 19 99	New Address' 30 Me Subscribed and sworn to before me this 25 day of april 19 97
Connie Lawson Clerk of the HENDRICKS Circuit Court	Connu Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 4-25-91, authorizing the marriage of _	Brian R. Zaborowsky
and Bonnie S. Jackson I, Shan Rutherford	
(date), atGreenwood	in Johnson County Indiana
Brian R. Zaborowsky of Hendricks  Bonnie S. Jackson of Hendricks Con	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ Shan Rutherford	,(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-7-91 (date).
	Signed Coming Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** 4-25-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Do Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Distriction IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married Never Married OR No. of Previous Marriages Death Divorce 1 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Nota Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 1. Are you now or have you ever been adjudged to be of unsound mind? No 🔲 Yes 🔲 Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗆 No 🗵 Yes 🔲 Yes 🗌 No D Yes 🗌 No 🔀 Yes 🗌 No D Yes 🔲 Yes 🔲 (a) Full name of applicant's father ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_\_ Clerk of Court \_\_\_ HENDRICKS HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana

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

HENDRICKS

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, John R. Brunner 4-25-91 \_\_\_\_\_, authorizing the marriage of \_\_\_\_ Rebecca C. Lucas . I further certify that the following marriage certificate was filed in my office: Cynthia J. Spence (name), certify that on \_\_\_\_ 5-3-91 Danville (date), at \_ \_ County, Indiana,. \_\_County \_\_\_\_Indiana John R. Brunner Indiana \_(state), and Rebecca C. Lucas Hendricks (state) were married by me as authorized of\_ \_ County \_\_\_ County, Indiana, dated \_ 1st Deputy Clerk (official designation)

5-3-91

Conne Clerk HENDRICKS Circuit Court

(date).

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

HENDRICKS

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

148

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Yes  If No, Medical Examination or Report Dated  Name of Physician
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Tomes Bradley Mann	Name Kelli Kathleen Weakly
ate of Birth Month Day Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
6212 W. 29th Pl. Adopt.	5433 E. Maple Dr. Daville
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) Do Lie
1011-1/10	44/1/10
Are you now or have you ever been adjudged to be of uncound mind?	
Are you now or have you ever been adjudged to be of unsound mind?  No X Yes   If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?     No    Yes □     If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Royald E. Mark	6. (a) Full name of applicant's father Why F. Weakly
(If adopted, list adoptive parents only)	o. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state). Danuals 200
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) + + N
(b) Full maiden name of applicant's mother Manage, Mc Millem	(b) Full maiden name of applicant's mother believes gaw MC
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sudplo. 10	Residence of mother (if deceased, so state) Wangland
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrame).	immune deficiency syndrome).
gnature of Applicant Date 4/25/91	Signature of Applicant X KILLI X WEAKLY Date 4-25-9
as shows applicant has objected to varifying by solb as affirmation as already to the characteristics.	
ne above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
ate of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information given ss:
Signed Shows B M in this application is true and correct.	VI VI OAA: 1/ 1/ DO 1/04
New Address 425 Park Blud Apt. 2087 Ogden UT 8440	Signed X KILL K ULUQY New Address
ubscribed and sworn to before me this 25 day of 4, 19 91	Subscribed and sworn to before me this 25 day of 4 19 9
Clerk of the HENDRICKS Circuit Court	
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tle facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana )	State of Indiana )
unty of HENDRICKS ss:	County of HENDRICKS SS:
ther ID #	Father ID #
other ID #	MotherID #
bscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
nd filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETUDAL OF MARRIAGE	TAND MADDIAGE SECTION
	SE AND MARRIAGE CERTIFICATE
tertify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, James Bradley Mann
77 3 3 4 17 17 17 17 17 17 17 17 17 17 17 17 17	
Donald N. Griffith	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on
ate), atIndianapolis	in (name), certify that on County, Indiana,
Iamoo Dandlas Mana	County Indiana (state) and
James Bradley Mann of Marion	
Relli Kathleen Weakly of Hendricks Co.	unty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated
der a marriage license that was issued by the Clerk of the Circuit Court of gned by: /s/ Donald N. Griffith	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated  Minister (official designation)
der a marriage license that was issued by the Clerk of the Circuit Court of gned by: /s/ Donald N. Griffith	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ Donald N. Griffith iled and recorded in accordance with the laws of the State of Indiana on	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated  Minister (official designation)

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT

Famala Applicant 50	No VZ	Yes D	
Female Applicant 50	No X	Yes 🗆	
If No, Medical Examinati	on or Hepo	ort Dated 4-25-91	
Name of Physician Dr.	Hugge	eblin	ÐΤ.

FEMALE APPLICANT

Name Pirst Middle Clast	Name Piana Middle Last
Date of Birth Day Year	Date of Birth Month Day Year 6 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Scity of County State	Residence Address Street or R.R. City County, State
5718 Bost Lillian Dr. agride Marin IN	500 Won Rd. Plyd.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Cartificate Other (Specify) Druvus Jucense	Date of birth verified by: Birth Certificate Other (Specify) Oriver Sicense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin? No █ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No to Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No █ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	THE RESERVE AND DESCRIPTION OF THE PROPERTY OF
6. (a) Full name of applicant's father Jon Yoursel Bope	6. (a) Full name of applicant's father Survey Driver
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Shorana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother source the Bogan	(b) Full maiden name of applicant's mother Shirley Ohn Thules
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
Distriplace of mother (state of foreign country)	Birthplace of mother (state of foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sijes for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Para of Mandal (195.5)
Signature of Applicant Date 11	Signature of Applicant Author To Steward Date 9:25 11
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICAS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address	Signed Address New Address
Subscribed and sworn to before me this 25th day of Capil, 19 9	Subscribed and sworn to before me this 25th day of 45th 19 91
Comic Jawan Clerk of the HENDRICKS Circuit Court	Connie Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	E AND MARRIAGE CERTIFICATE  ork of the Circuit Court of HENDRICKS County, Indiana, Randy L. Pope
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	E AND MARRIAGE CERTIFICATE  Price of the Circuit Court of HENDRICKS County, Indiana, Randy L. Pope
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  The country of the Circuit Court of Randy L. Pope  The certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  The ndricks County Indiana
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  Price of the Circuit Court of HENDRICKS County, Indiana, Randy L. Pope  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  in Hendricks County, Indiana,  County Indiana (state), and
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  Price of the Circuit Court of HENDRICKS County, Indiana, Randy L. Pope  - I further certify that the following marriage certificate was filed in my office:  - (name), certify that on 4-25-91  - in Hendricks County, Indiana,  - County Indiana (state), and  - unty Indiana (state) were married by me as authorized
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  The county of the Circuit Court of Randy L. Pope  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  in Hendricks County, Indiana,  County Indiana (state), and  unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-25-91
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  The county of the Circuit Court of Randy L. Pope  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  in Hendricks County, Indiana,  County Indiana (state), and  unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 4-25-91  (official designation)
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  The county of the Circuit Court of Randy L. Pope  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  in Hendricks County, Indiana,  County Indiana (state), and  unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-25-91
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  Perk of the Circuit Court of Randy L. Pope  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  in Hendricks County, Indiana,  County Indiana (state), and  unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 4-25-91  (official designation)  4-25-91 (date).
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated	E AND MARRIAGE CERTIFICATE  The county of the Circuit Court of Randy L. Pope  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 4-25-91  in Hendricks County, Indiana,  County Indiana (state), and  unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 4-25-91  (official designation)

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** 

County

Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 If No, Medical Examination or Report Dated
Name of Physician Tegory Oliver A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT harshaw Divorce Annulment Date of birth verified by: Birth Certificate Arthur (Specify) Drivers License Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 List the full names of any dependent children. Rhianna, Dwight 6. (a) Full name of applicant's father John Edward Zener (a) Full name of applicant's father Harry Earl Latshaw Birthplace of father (State or foreign country) TV

Full maiden name of applicant's mother Almeetia E. Callahan Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother £ 11056 Mullins Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the last sites for the vigus that causes AIDS (acquired Signature of Applicant Berthan June Bener Date 4-25-9/ Richard A. Katekaw Date 4/25/91 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court \_\_\_ HENDRICKS

I sweapfaffigm that the information given

HENDRICKS

Signed Bysthan Sue Benev

Bysthan Sue Benev

Bysthan Sue Benev State of Indiana X signed Michael K. Nathani New Address 1019 Hacienda XI Course Gausson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_\_\_\_\_, authorizing the marriage of \_\_\_\_\_\_Richard Larshaw HENDRICKS , authorizing the marriage of \_ I further certify that the following marriage certificate was filed in my office:

(name) certify that on 4-26-91Bertha Sue Zener (name), certify that on \_ Marion I, Myron Barnard Indianapolis (date), at \_ County, Indiana, County Indiana of\_Hendricks Richard Latshaw \_(state), and . Hendricks Indiana Bertha Sue Zener County. (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated \_ Judge Signed by: /s/ Myron Barnard (official designation) Filed and recorded in accordance with the laws of the State of Indiana on  $\frac{4-29}{91}$ (date).

Clerk

Circuit Court

HENDRICKS

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS	County	No
		426-91 Date of Application

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

	The land of the land		
Female Applicant 50	No 🗆	Yes 🗆	
If No, Medical Examinati	on or Report	Dated	See 1
Name of Physician	2 Ferry		

	STAN F ARRIVANT
MALE APPLICANT	FEMALE APPLICANT  Name First Middje Mast
Name First Middle Last	Breada S. Scearce
Dale of Birth Month Day, Year	Date of Birth  Day  O2  1966
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) _ *
Indeprio State	Pesidence Address // Street or B-R. City County State
Residence Address  Street or A.R. City County. State  56 Weil Ds. Brownsburg, Herdricks, Indiana	51640. Scott Dr. Procenwood, Johnson, Golden
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Last marriage Ended by.	
Date of birth verified by: Birth Certificate Other (Specify) Date of Specify Harase	Date of birth verified by: Birth Certificate Cother (Specify) Driver's Buchase
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☑ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?  No Yes   No Y
4. Are you now under the influence of a narcotic drug?	A. Ale you now allow the minority of a national stage.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lee Dyl	6. (a) Full name of applicant's father Charles Comer Science
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Hallana
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Indiana Kaup Sul
(b) Full maiden name of applicant's mother Success	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Posidones of mother (if deceased so state)  Milliana
Residence of mother (if deceased, so state) Hullana	Residence of mother (if deceased, so state) Hilliana Birthplace of mother (State or foreign country) Audims
Birthplace of mother (State or foreign country) Mallana	Billipace of motion (state of longin source)
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 Deluc A Date 42691  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana  County of HENDRICKS  Signed X  New Address  Subscribed and sworn to before me this 26 day of HENDRICKS  Clerk of the HENDRICKS  Circuit Count	State of Indiana  County of HENDRICKS  Signed X Blada X Cearce  New Address  Subscribed and sworn to before me this 26 day of Circuit County MENDRICKS  Circuit County of HENDRICKS
	THE PROPERTY OF CHARMAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state table which made the consone of the other parent dimescally	
State of Indiana	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworth to below the time
	The property of the Part of th
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, authoriz	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of	
and Brenda Scearce , danoticing the marriage of _	. I further certify that the following marriage certificate was filed in my office
I, Leonard Enloe	(name), certify that on 6-3-91
(date), at Faith Community Church	in Marion County, Indiana,
Allen R. Dye of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized f — HENDRICKS County, Indiana, dated 5-26-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Leonard Enloe	fCounty, Indiana, datedCounty
Filed and recorded in accordance with the laws of the State of Indiana on_	6-21-91 (date).
Thea and recorded in accordance with the laws of the state of matana on_	C CALLED TO THE CONTRACT OF TH
	Signed Comie France Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 152

\_Circuit Court

HEND	RICKS County File
	4-26-91 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Dr. Lennery
IC 31-7-3 commits a Class D felony.	
MALE ARRIVANT	FEMALE ADDITIONAL
MALE APPLICANT  Name First Middle Last	FEMALE APPLICANT  Name First Middle // Last
Greared Richard Keeble	Debra Fyxx Stidkom
Date of Birth Month Day Year 1959	Date of Birth Month Day Year 4 26 1955
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) .  9miliana
Residence Address Street or R.R., City County State	Residence Address Street or R.B. City County State Indiana, Brown State, Herdricks Indiana
118 M. adams St, Beowasturg, Hendricks, Indiana	. 10
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druel's License	Date of birth verified by: Birth Certificate Tother (Specify) Driver's Fishers
1. Are you now or have you ever been adjudged to be of unsound mind? No   ✓ Yes  ✓	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No 🕡 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father David Hankin Ruble	6. (a) Full name of applicant's father William Kelley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Biotheless of father (State or ferrior country) and lieve
(b) Full maiden name of applicant's mother Rhoda Dress Frear	(b) Full maiden name of applicant's mother Urginia Fourise Lindsa
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Deceased.	(If adopted, list adoptive parents only).  Residence of mother (if deceased, so state) Pulliana
Birthplace of mother (State or foreign country) Padissa	Birthplace of mother (State or foreign country) Andland
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	immune deficiency syndrome).  Signature of Applicant School Date 4269.  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
Cierk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS	County of HENDRICKS in this application is true and correct.
Signed & Secryo R Rolle	Signed & Della Stelhan
New Address  Subscribed and sworn to before me this 26 day of Chick 19 91  COKNIL HOUSE Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 26 day of April 19 21  COTAIL HOUSE Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
The state of the s	to and directs the issuance of a marriage needs to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 4-26-91 , authorizing the marriage of	
and Debra Lynn Stidham I, Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office: $4-26-91$
(date), at Danville	in Hendricks County, Indiana,
George Richard Ruble of Hendricks	County Indiana (state), and
Debra Lynn Stidham of Hendricks Co	unty 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 4-26-91
Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	1-26-91
. ned and recorded in accordance with the taws of the state of indiana on	(date).
	Signed Coming Lawson Clerk
	HENDRICKS Circuit Court

\_\_\_\_ Clerk \_Circuit Court

File .

\_ County

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No V Yes I If No, Medical Examination or Report Dated 11-2390 Name of Physician Arthuran
MALE APPLICANT	FEMALE APPLICANT
Name Wared First Howell Marsh	Name and First Sell Carllon
Date of Birth March Month Day Year Year 1967	Date of Birth Month Day (Sear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Byest or R.R. City / County / State	Regidence Address Street or R.R. City.// / Kounty/* / State/
10191 Grant St. Grownshing Hindricks In	3360 M 500E Warvelle Heraricks In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drives Kionse	Date of birth verified by: Birth Certificate Dother (Specify) Divers License
Are you now or have you ever been adjudged to be of unsound mind?     Nov     Yes □	Are you now or have you ever been adjudged to be of unsound mind?  Note  Yes  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  No ✓ Yes ☐  4. Are you now under the influence of a narcotic drug?  No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes  Yes
4. Are you now under the influence of a narcotic drug?  No  Yes   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry Eugene Marsh	6. (a) Full name of applicant's father Carlos Rous Cartton
6. (a) Full name of applicant's father Xerry Eugene Marsh  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Carlos Roy Cartton  (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Xulfulla (b) Full maiden name of applicant's mother Older ann Cland	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Yanna Untilakur
(b) Full maiden name of applicant's mother Children Children  (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 7 00 000 000 000 000 000 000 000 000 0
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Singlianay
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  The 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 control of the second
State of Indiana  County of HENDRICKS  Signed Signe	State of Indiana  County of HENDRICKS  Signed Auto Cure Adverses  New Address  Subscribed and sworn to before me this Ab day of HENDRICKS  Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $\frac{4-26-91}{}$ , authorizing the marriage of $$	erk of the Circuit Court of HENDRICKS County, Indiana, DAVID LOWELL MARSH
and ANITA SUE CARLTON	I further certify that the following marriage certificate was filed in my office:
I, REV. DAVE KOVALOW-ST JOHN & REV STEVE POWEL	L (name), certify that on5-11-91
(date), at 4:00 PM  DAVID LOWELL MARSH of HENDRICKS	_ in MARION County, Indiana,
ANITA SUE CARLTON of HENDRICKS Co	CountyINDIANA (state), and untyINDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-11-91
Signed by: /s/ REV DAVE KOVALOW-ST JOHN & REV ST Filed and recorded in accordance with the laws of the State of Indiana on	EVE_POWELL-MINISTERS_ (official designation)

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND.	No
	April 26, 1991 Date of Application
2 31-7-9-1. Furnishing false information upon applying for license.  a person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No   If No, Medical Examination or Report Dated  Name of Physician   Aleka Augus
MALE APPLICANT	FEMALE APPLICANT
ne First Middle Last	Name First Middle Last P. Lastru
o of Birth Month Day Rear	Date of Birth Morth Day Year \$2
of Birth (State or foreign country)	Place of Birth (State or foreign country)
lence Address Street or R.R. City County State	Residence Address Street of R.R. City County State
ous Marital Status: Never Married G OR No. of Previous Marriages	Previous Marilal Status: Never Married O OP No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: DBfirth Certificate Other (Specify)	Date of birth verified by: Dertificate Other (Specify)
of pirth vernied by. Dentil Certificate Content (opeciny)	
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
Are you now or have you ever been adjudged to be of unsound mind?  No Ly Yes Ly  If answer is "yes," has the adjudication been removed?  No Ly Yes Ly	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  No   ✓ Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes  Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father McChall S. alyere	6. (a) Full name of applicant's father Kavis Warren Lawry
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Mary L. Slafpriese	(b) Full maiden name of applicant's mother January Fatures Ru
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Sensor State  Sensor	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant Date April 36 1997	Signature of Applicant General P. Lowry Date April 26
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment 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
te of Indiana  I swear/affirm that the information given in this application is true and correct.	State of Indiana  County of HENDRICKS  ss:  in this application is true and correct.
New Address Same	New Address 516 Brookside Lot Plainfield
bscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Course Gausson Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana )	State of Indiana )  HENDRICKS SS:
unty of	County of HEVENCAS 1D #
herID #	Mother ID #
oscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19Clerk
DMPLETE 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 izes and directs the issuance of a marriage license to the above named parties.
	THE REAL PROPERTY AND THE PROPERTY OF THE PROP
	ISE AND MARRIAGE CERTIFICATE  Clerk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the C ted $\frac{4-26-91}{}$ , authorizing the marriage of ${}$	
dJENNIFER P. LOWRY	I further certify that the following marriage certificate was filed in my office:
at PLAINFIELD	(name), certify that on
MATHEW SCOTT AYERS of DELAWARE	
JENNIFER P. LOWRY of HENDRICKS C	County INDIANA (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/S/ KEITH H. KIRK	of HENDRICKS County, Indiana, dated 5-18-91  MINISTER (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	5-21-91 (date).
	. C. P
	Signed Clerk  HENDRICKS Circuit Court

\_ Clerk \_Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

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

Female Applicant 50	No 🗆	Yes □	
If No, Medical Examin	ation or Repo	rt Dated	
Name of Physician	2. Wells,	mb	

MALE APPLICANT	FEMALE APPLICANT
Name Birt Edward Watermen, H.	Name District Berry Brigden
Date of Birth Month Day Year	Date of Birth Month Dily Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign couptry)
Indlina	Indiasa
1291 Sugarrare Kr. Darville, Hendricks Indiana	1291 Sycamore fra, Danville, Herdriche, Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Driver's Reservae	Date of birth verified by: Birth Certificate Tother (Specify) Divor's License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   Yes   The property of the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
4. Are you now under the influence of a narcotic drug? No 🖭 Yes 🗆	4. Are you now under the influence of a narcotic drug? No ❤️ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Bert Edward Waterman	6. (a) Full name of applicant's father James Richard Boyder
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiaxa	Residence of father (if deceased, so state) Andissa
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Thallasa Man
(b) Full maiden name of applicant's mother Lillie May Iritzgerald	(b) Full maiden name of applicant's mother Margaret Deine Mars
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  **The deceased of the d	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country) Vilginia	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency and complete	immune deficiency syndrome). C V.
Signature of Applicant & Bert E. Waterman 17 Date 426-91	Signature of Applicant X William Derry Dollow bate 4-26
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS Signed X Bert & Waterman X .	County of HENDRICKS in this application is true and correct.
New Address	Signed X South
Subscribed and sworn to before me this 26 day of Opril 19 91	Subscribed and sworn to before me this 26 day of Closic , 19 91
Connel Kawson Clerk of the HENDRICKS Circuit Court	CORRIGE HOUSE Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
A A SA CAN A	THE AND RESIDENCE AND ADMINISTRATION OF STREET
State of Indiana )  Countried HENDRICKS SS:	State of Indiana ) State of Indiana ) State of Indiana ) State of Indiana )
County of	County of
Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MOTION	
	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cl dated $\frac{4-26-91}{}$ , authorizing the marriage of $$	
and Diane Berry Boyden	I further certify that the following marriage certificate was filed in my office:
I, John P. Roof	(name), certify that on 5-4-91
(date), atDanville  Bert Edward Waterman of Hendricks	in Hendricks County, Indiana,
	County Indiana (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	with j
Signed by: /s/ John P. roof	
Filed and recorded in accordance with the laws of the State of Indiana on_	
	C
	Signed Onne Jawson Clerk
	HENDRICKS Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

## STATE OF INDIANA

	No
<u>HEND</u>	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 1 Yes  If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name John Wolan Elrod	Name Brenda Jane Brown
Date of Birth         Month         Day         Year           10         12         59	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 1509 E. Maria - Plalla Hyndrical IN	Residence Address Street or R.R.: City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ONR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2 – 87	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
- Round Oxcerse	101.016
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ✓	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin?  No Yes □  3. Are you now under the influence of an alcoholic beverage?  No 反 Yes □	2. Are you related to the male applicant closer than second cousin?  No  Yes   3. Are you now under the influence of an alcoholic beverage?  No  Yes   Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father and the three t	6. (a) Full name of applicant's father Junible Wate. Brand (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Managaret Own Maluslaus  (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Source Unities doc'
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Phyd TD
Birthplace of mother (State or foreign country) PA	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date 3-5-91	I acknowledge that I have received information regarding dangerous communicable diseases 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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Signe	State of Indiana  County of HENDRICKS ss: in this application is true and correct.  Signed Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OR CHARDIAN	CONCENT OF PARENTS PARENT OR CHARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 )	State of Indiana ) ss.
County of HENDRICKS ss;	County of HENDRICKS ss:
FatherID #  MotherID #	Father   ID #     Mother   ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday 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 issuedes 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 Claded 4-26-91, authorizing the marriage of	John N. Elrod
and Brenda J. Brown L. Carl Akard Riley	I further certify that the following marriage certificate was filed in my office:
(date), at Plainfield	in Hendricks County, Indiana,
John N. ElrodofHendricks	County Indiana (state), and
Brenda J. Brown of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	nunty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 6-15-91
Signed by:/s/ Carl Akard Riley Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation)  6-18-91 (date).

HENDRICKS

\_\_ Clerk \_Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

ICATION FOR MARRIAGE L		E LICENSE	No.	157	7
HENDI	RICKS	County	File		
				Date of Application	
oplying for license.		oplicant 50 No		′es □	

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

Female Applicant 50 If No, Medical Examina	No ∰ ation or Report	Yes □	
Name of Physician	Da.B	Jack - B'bu	2
FE	MALE APPLIC	ANT	

MALE APPLICANT	FEMALE APPLICANT
Name First Aliddle 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
Same?	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10,90	Last Marriage Ended By: Death Divorce Annulment Date 2.88
Date of birth verified by: Birth Certificate Other (Specify)	2.10
page of plan sering of. Pour caringles Africa (obscul), Mr. Fro.	Date of birth verified by: Birth Certificate Other (Specify)
	The state of the s
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗵 Yes 🗆
If answer is "yes," has the adjudication been removed?  No Yes Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No   Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Why, Kyle	5. List the full names of any dependent children. Donne, Ohn Mone
6. (a) Full name of applicant's father Louis M. Allew	6. (a) Full name of applicant's father Desman Manya Brus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) The samuelde The	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Was Noodwan	(b) Full maiden name of applicant's mother was four Tobbus
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
Signature of Applicant X Date	Signature of Applicant X Doy Caro J. How Bate
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court	acknowledgment because of religious beliefs.  Clerk of Court Date
Date	Clerk of Court Date
State of Indiana ) ss:	State of Indiana ) swear/affirm that the information gives
County of HENDRICKS ss. n this application is true and correct.	County of HENDRICKS in this application is true and correct
Signed X	Signed Dallauf Hulson
Subscribed and sworn to before me this day of day of day of	Subscribed and sworn to before me this day of 4 19 9
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
COLUMN OF SAFETY DESCRIPTION OF SAFETY SAFET	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )  HENDRICKS SS:
County of HENDRICKS	County of
Father ID #  Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Cler
COMPLETE IS MADDIAGE LIGHTON TO THE THE TAX TO THE TAX	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authoriz	tes and directs the issuance of a marriage license to the above named parties.
THE PERSON NAMED IN PROPERTY OF THE PERSON NAMED IN PARTY OF THE PERSON NAMED IN PARTY OF THE PERSON NAMED IN	and and one and recognice of a marriage member to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated $4-26-91$ authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
, wanto leng the marriage of	
I,Cynthia J. Spence	$\_$ . I further certify that the following marriage certificate was filed in my office: $\_$ (name), certify that on $\_$ 4-26-91
(date), at Danville	in Hendricks County, Indiana,
Glenn A. Julius of Hendricks	County Indiana (state), and
Barbara J. Hudson of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cynthia J. Spence	lst Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
and of the state of material on_	
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

Form Prescribed By Indiana State Board of

## STATE OF INDIANA

APPLICATION FOR I	MARRIAGE LICENSE
HEND	DICKS
HEND	County
	7-29-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No M Yes  If No, Medical Examination or Report Dated 4-21-91 Name of Physician Dr. James Blacks
MALE APPLICANT	FEMALE APPLICANT
Name Charles E Sonts III	Name First Middle Last
Date of Birth Month Day Year	Date of Birth 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
6251 Chaystal Spring Dr. Plainfeld, Herbrids, IN	- Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Frenze	Date of birth verified by: Birth Certificate of Other (Specify) Drugers Scense
Are you now or have you ever been adjudged to be of unsound mind?  No   ✓ Yes   ✓   ✓	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes   Yes    Yes     Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No  ✓ Yes  ✓ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes	2. Are you related to the male applicant closer than second cousin? No 1 Yes   3. Are you now under the influence of an alcoholic beverage? No 1 Yes   No
4. Are you now under the influence of an arcotic drug?	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children. Charles & Bonts II	5. List the full names of any dependent children.
6. (a) Full name of applicant's father thanles E Sonts .	6. (a) Full name of applicant's father Balph Harding Sullivar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Earol Bornain Enders	(b) Full maiden name of applicant's mother Paraguerite L. Whitches
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  IN
Distribute of mother (otate of loreign country) of the property of the propert	Bittiplace of mother (state or loreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrogree. Signature of Applicant Date 4/29/9/	signature of Applicant Date 4/29/91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed  New Address	State of Indiana  County of HENDRICKS  Signed Signe
Subscribed and sworn to before me this 29 th day of agril 19 9 hendricks	Subscribed and sworn to before me this 29th day of Control 19 9
Cornic Sauren Clerk of the HENDRICKS Circuit Court	Compute Source 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 )  LENDRICKS SS:	State of Indiana )
County of HENDRICKS SS: Father ID #	County of HENDRICKS SS:
Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated  4-29-91  authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-29-91, authorizing the marriage of andLORI L. SULLIVAN	I further certify that the following marriage certificate was filed in my office:
I, S. V. STILES	$\underline{\hspace{1cm}}$ (name), certify that on $\underline{\hspace{1cm}}$ $6-1-91$
(date), atDanville	_ in Hendricks County, Indiana,
	County INDIANA (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-29-91
Signed by:/s/S. V. Stiles Filed and recorded in accordance with the laws of the State of Indiana on	Pastor (official designation) (date).

\_ (date).

Clerk Circuit Court

Connie

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

\_Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No Ves If No, Medical Examination or Report Dated 3// Name of Physician Roule Stegmoules

MALE APPLICANT	FEMALE APPLICANT
Name Rangell Sosent Last Survey Sv.	Name Sandra First Last Cllis Last
Date of Birth Month 1958	Date of Birth Worth 23 Day 1943 Year
Place of Birth (State of foreign country)  A fall wake y Mar.	Place of Birth (State or foreign country) Instian explis Marcon Co. Sw.
Residence Address Street of R.R. City County State	Residence Address Street or R.R. / City County & State 115 W. Michigan Claryton In. 46118
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married To R No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Linux Leurs	Date of birth verified by: Birth Certificate Other (Specify) Llrwest Sicinae
Are you now or have you ever been adjudged to be of unsound mind?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes   ✓	3. Are you now under the influence of an alcoholic beverage? No 🕒 Yes 🗌
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No   Yes   1. List the full names of any   ###################################
A skel	David Paul Zamour, 6 yrd. old
1. 4 4 10 40 1	6. (a) Full name of applicant's father Roser Poliver Ellia
6. (a) Full name of applicant's father Contax Corney Cynthin &	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Mass	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Thass.  (b) Full maiden name of applicant's mother Shirtley Rose Bonniville	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Sharon Pilene Kell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Mass.  Birthplace of mother (State or foreign country) Mass.	Residence of mother (if deceased, so state) Micake
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrolee).
Signature of Applicant Sandally amoundate 706 11	Signature of Applicant Schools 1 100 Date 9-db-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given  County of HENDRICKS ss: if this application is true and correct	State of Indiana ) I swear/affirm that the information given set the application in two and correct in this application in two and correct.
County of HENDRICKS  Signed & Randall O Ramour  Signed & Randall O Ramour	County of HENDRICK in this application is true and correct.
New Address Same	New Address Same
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
	Coline O'Rivson
CONSENT OF PARENTS, PARENT, 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:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes 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 Clo	E AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
dated 4-26-91, authorizing the marriage of	RANDALL JOSEPH LAMOUR, SR
and SANDRA KAY ELLIS  TOOD STEERE	I further certify that the following marriage certificate was filed in my office: (name), certify that on $\frac{5-11-91}{}$
(date) at INDIANAPOLIS	in MARION County, Indiana,
	County INDIANA (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unity (state) were married by me as authorized
Signed by: /s/ TODD M STEERE	,
Filed and recorded in accordance with the laws of the State of Indiana on	5-15-91 (date).
	Signed Comie Lawson Clerk
	HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

<u>HEND</u>	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes  If No, Medical Examination or Report Dated 4-29-91  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle L Last	Name . /) First Middle Lag
Date of Birth Month Day Year 7	Date of Birth Month Day Your Your Your Your TO
Place of Birth (State or foreign country)  Kone Stale	Place of Birth (State or foreign country)  Planida
Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.B. City  Frevious Marital Status: Never Married POR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By. Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Whive Lic (7)-4)	Date of birth verified by: Dirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Residence of mother (State or foreign country)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  42999	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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  A/29/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS Signed State of Indiana  New Address  Subscribed and sworn to before me this day of HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS/ Signed LUMMY Farelule  New Address 1000 5. MOVA Rd. # 1108 DAYTONABCH  Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle dated4-29-91, authorizing the marriage of	
, dutionizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Charles E. Chestnut	(name), certify that on5-4-91
(date), atAvon/Plainfieldof_Volusia	_ in _ Hendricks County, Indiana,
manage from paragraphs a Handwicks	County (state), and unty 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 5-4-91
Signed by: _/s/ Charles E. Chestnut  Filed and recorded in accordance with the laws of the State of Indiana on	7 Pastor (official designation) (date).
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-600-382-8702 1477	HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

IOATION TOTT MATHINAGE		No	
HENDRICKS	County	File	
		U-29.91 Date of Application	

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

Female If No.	Applicant 50 Medical Examin	No Repor	Yes □	
Name	of Physician	willard	Caracal .	

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Kimberly Mac Adams
Date of Birth Month Day Year	Date of Birth Month Day Year
9 16 69	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	10
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State  State  State
KI DOF 271 K 7 MOUROS SIC	Previous Marital Status: Never Married NOR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) & & . & .
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🔼 Yes 🗆
Are you now or have you ever been adjudged to be of unsound mind?      No ✓ Yes ✓      If answer is "yes," has the adjudication been removed?      No ✓ Yes ✓      Yes ✓	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ⚠ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗵 Yes 🗌
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	THE REPORT OF THE PARTY OF THE
Arry D. Colorison	6. (a) Full name of applicant's father Robert Labe Odama
6. (a) Full name of applicant's father (1974) (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) The Roberto Sixt
(b) Full maiden name of applicant's mother 7 1 ary 8. By Villetting	(b) Full marker haine of applicants motion
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Shippaco of manas (sales a sales)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana  County of HENDRICKS  Signed  Signed  Signed	State of Indiana  County of HENDRICKS  Signed County of HENDRICKS
New Address	New Address day of \ \ 19 9 \
Subscribed and sworn to before me this	Subscribed and sworm to before the tris
Clerk of theCircuit Court	Clerk of the TENDRICES Circuit Cou
CONSTAT OF PARENTS PARENT OF CHARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) State of Indiana ) State of HENDRICKS ) SS:	State of Indiana ) ss:  County of HENDRICKS ss:
County or	FatherID #
Father	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authori	zes and directs the issuance of a marriage license to the above named partie
DETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana NEAL ANDREW ROBINSON
and KIMBERLY MAE ADAMS	. I further certify that the following marriage certificate was filed in my office
I. DAVE KOVALOW-ST. JOHN	(name), certify that on5-11-91
(date), at PITTSBORO CHRISTIAN CHURCH	in HENDRICKS County, Indiana,
NEAL ANDREW ROBINSON of HENDRICKS	County INDIANA (state), and
KIMBERLY MAE ADAMS of HENDRICKS Counter a marriage license that was issued by the Clerk of the Circuit Court of	
signed by:/s/ DAVE KOVALOW-ST. JOHN	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	5-17-91 (date).
	Signed Comie Fourson Cler
	HENDRICKS Circuit Cou

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No ☑ Yes ☐

If No, Medical Examination or Report Dated

Name of Physician A. Services Jr., m. ∡.

of Birth Month Day Year	Name First Middle Last Dunford Date of Birth Month Day Year
of Birth Month Day Year	Month Day Year
	Date of Birth Month Day Tear
of Birth (State or foreign country)	Place of Birth (State or foreign country)
County State	Residence Address Street or R.R. City County State
State Street or R.R. City County State	- Dane
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death □ Divorce ▼ Annulment □ Date 9 - 20 88	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date │ D. → S
	Date of birth verified by: DiBirth Certificate Other (Specify)
of birth verified by: Birth Certificate Other (Specify)	
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      If answer is "yes," has the adjudication been removed?     No      Yes □
If answer is "yes," has the adjudication been removed?  No Yes   Are you releted to the female applicant closer than second cousin?  No 1. Yes	2. Are you related to the male applicant closer than second cousin?
Are you related to the female applicant closer than second cousin?  No Are you now under the influence of an alcoholic beverage?  No Second Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
report in 1211	6. (a) Full name of applicant's father William M. Royer
(a) Full name of applicant's father (and today) (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Worths Tumming	(b) Full maiden name of applicant's mother Dance N. Upa
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Billiplace of months (each of sorty)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT  ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseathat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	immuno deficiency syndrome)
mune deficiency syndrome). P & Devle Date 4-30-91	Signature of Applicant & Laren B Dungowate 4-30
	9
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verify the signature of the above applicant has objected to verify the signature of the s
cknowledgment because of religious beliefs.  Date	acknowledgment because of religious beliefs.  Clerk of Court Date
erk of Court Date	
ate of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information gi
ounty of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and corr
Signed X S ex & S esten	Signed X Paren Salumbara
New Address	Subscribed and sworn to before me this 30 day of 4 19
bescribed and sworn to before me this day of the HENDRICKS Circuit Court	Thur faus Clerk of the HENDRICKS Circuit C
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent si
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	state facts which make the consent of the other parent unnecessary
ate facts which make the consent of the other parent unnecessary	State factor with the state of
tate of Indiana )	State of Indiana ) ss:
ounty of HENDRICKS ss:	County of
ather ID #	FatherID #
other ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me trils
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties,
County	Court, by written order issued
and filed in, authori	izes and directs the issuance of a marriage license to the above named part
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indian
lated, authorizing the marriage of _	ALA B. IBVEEN
nd KAREN B. DUMFORD	I further certify that the following marriage certificate was filed in my off
RAYMOND H. DUFF	(name), certify that on
(date), at DANVILLE  REX L. PEVLER of HENDRICKS	inHENDRICKS
	County INDIANA (state) were married by me as authori
MANDIN D. DUTTI OND /// MEDICAL CONTROL OF THE PROPERTY OF THE	E 1 0 1
under a marriage license that was issued by the Clerk of the Circuit Court of	
under a marriage license that was issued by the Clerk of the Circuit Court of	MINISTER (official designation)
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ RAYMOND H. DUFF	
under a marriage license that was issued by the Clerk of the Circuit Court of	, MINISTER (official designation)

County, Indiana,

Clerk

Circuit Court

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

Dawson

HÈNDRICKS

(date).

County, Indiana,

County, Indiana, dated \_

(state), and \_

(official designation)

(state) were married by me as authorized

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 1 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Divorce 🔽 Annulment Date 12 .90 Last Marriage Ended By: Annulment Date 2.91 Last Marriage Ended By: Death Divorce X Date of birth verified by: Birth Certificate (Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 No If answer is "yes," has the adjudication been removed? No 🗌 Yes 🗌 No 🗆 Yes 🔲 No 🔯 Yes 🔲 Are you related to the female applicant closer than second cousin? No DE Yes 🗌 No 🔼 Yes 🗌 No D Yes 🗌 Are you now under the influence of an alcoholic beverage? No X Yes 🔲 Yes 🗌 List the full names of any dependent children. \_ Could and andre (a) Full name of applicant's father William Residence of father (if deceased, so state) Birthplace of mother (State or foreign country)\_\_\_ Birthplace of mother (State or foreign country)\_\_\_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant Heuri R. Stour Signature of Applicant & Kathleen M. Gurey The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_ State of Indiana I swear/affirm that the information given signed & Kathleon M Havena IL HENDRICKS Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

County\_

(name), certify that on \_ HENDRICKS

HENDRICKS

ILLINOIS

County Indiana

6-4-91

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_\_\_\_\_\_, authorizing the marriage of \_\_KEVIN\_R. BROWN

of\_Hendricks

MASON

under a marriage license that was issued by the Clerk of the Circuit Court of

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

/s/ Herbert Greer

I, HUBERT GREER

KEVIN R. BROWN

KATHLEEN M. AVERY

(date), at \_

KATHLEEN M. AVERY

PLAINFIELD

Signed by: /s/ Charles Elston

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

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Place of Birth (State or foreign country) Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriages No Yes Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No Yes If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? Yes 🗌 No 🗌 No Yes 🗌 Are you related to the female applicant closer than second cousin? No 🗵 Yes 🗌 No Yes 🔲 Yes 🗌 4. Are you now under the influence of a narcotic drug? No 🙀 Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. \_ (a) Full name of applicant's father war, Odell Watchell Residence of father (if deceased, so state) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court HENDRICKS / HENDRICKS HENDRICKS Comme James Clerk of the \_\_ CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, , authorizing the marriage of \_ Brady J. Bautch Mary A. Mitchell I further certify that the following marriage certificate was filed in my office: 5-3-91I, Charles Elston (name), certify that on (date), at Plainfield Hendricks County, Indiana. Brady J. Bautch Mary A. Mitchell Wisconsin Racine County \_ (state), and Hendricks Indiana County. (state) were married by me as authorized County, Indiana, dated  $\frac{5-8-91}{}$ under a marriage license that was issued by the Clerk of the Circuit Court of

Minister

Com

Signed

(official designation)

Circuit Court

HENDRICKS

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 4 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Date 85 Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes Yes 🗌 No 🗌 No 🗆 Yes 🗌 Yes 🔲 No D Yes 🔲 Yes 🔲 Yes 🗌 No 🔼 Yes 🗌 No DX No 🖾 Yes 🔲 No D Yes 🗌 ice of mother (State or foreign country)\_ ACKNOWLEDGMENT XI amela The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana oxxu Sauson HENDRICKS OXXIII Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS \_ County, Indiana, and PAMELA K. OPALAK \_ . I further certify that the following marriage certificate was filed in my office: I, \_\_GEORGE PLASTERER (name), certify that on \_ HENDRICKS

County, Indiana,

\_(state), and

County, Indiana, dated \_

(official designation)

(state) were married by me as authorized onty. Indiana, dated 5-18-91

Clerk Circuit Court

County

County\_

INDIANA

MINISTER

HENDRICKS

(date).

(date), at \_\_

PLAINFIELD

of HENDRICKS MORGAN

under a marriage license that was issued by the Clerk of the Circuit Court of .

/s/ GEORGE PLASTERER

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

ROBERT ROY BRANCH

PAMELA KAY OPALAK

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** 

County

	5-1-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 3-30-91 Name of Physician Steven Hornak
MALE APPLICANT	FEMALE APPLICANT
Date of Birth November 5, 1968 (32)  Place of Birth (Staffe or Toreian country)	Name Circuit Source Slevin  Date of Birth Questal 36, 1969 (21)  Place of Birth/State or foreign country
Residence Address Previous Marital Status: Never Married OR No. of Previous Marriages  State Holdan  OR No. of Previous Marriages	Residence Address Street or R.R. City County State  (430 W - 11th St. Stepley Sw. 46214  Previous Marital Status: Never Married DOR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Levers June 1	Date of birth verified by: Birth Certificate Other (Specify) , Privers Secure
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No Yes   Solution.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
No	No
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  (If adopted, list adoptive parents only)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Samuel Robert Slevin,  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Marie Burnadette Blass  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Residence of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant & Bradley Stephen Kongenick  Date X 5/1/91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 5/1/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana County of HENDRICKS Signed Bradley Stoken Komonuck New Address 7121 anter Way Opt 2D Subscribed and sworn to before me this day of HENDRICKS Circuit Court	State of Indiana  County of HENDRICKS  Signed County of Hendricks  Signed County of Hendricks  Signed County of Hendricks  Signed County of Hendricks  Subscribed and sworn to before me this day of HENDRICKS  Circuit County  Circuit County  Circuit County  County of Hendricks  Circuit County  County of Hendricks  Circuit County  County of Hendricks
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which 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:
MotherID #	Mother ID #
	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, author	rizes 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 $0$ dated $5-1-91$ , authorizing the marriage of $1$	Clerk of the Circuit Court of HENDRICKS County, Indiana,  Bradley Stephen Komgenick
I, Edward Dean Dickinson (date), at Indianapolis	(name), certify that on 5-18-91 in Marion County, Indiana,
Amy Louise Slevin of Marion C	County Indiana (state), and County Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Edward Dean Dickinson  Filed and recorded in accordance with the laws of the State of Indiana on	of HENDRICKS County, Indiana, dated 5-18-91  , Minister (official designation)  5-23-91 (date).
Filed and recorded in accordance with the laws of the State of Indiana on_	Signed Connie Gawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

	10.1
Female Applicant 50 No □ Yes □	114
If No, Medical Examination or Report Dated	
Name of Physician T.M. Walker	

MALE APPLICANT	FEMALE APPLICANT
Name David Color Datoe	Name Binda Marette Hawking
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 B.B. City / County State	Residence Address Street or R.R. City County State
8910 n. 1050 E. Brownstag, Lindricks, Indiana	7855 M. 650E. Brownstong, Henducks, Indian
Previous Marital Status: Never Married M OR No. of Previous Marriages	Previous Marital Status: Never Married ☑ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druber's Ficense	Date of birth verified by: Birth Certificate Other (Specify) Drure's Huense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?     No      Yes      No      Yes      No      Yes	2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No W Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wayne Lie Dayor	6. (a) Full name of applicant's father William Richard Hawkins
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Michigan	Residence of father (if deceased, so state) Indiana  Birthplace of father (State or foreign country) Illinois
(b) Full maiden name of applicant's mother Carol Alan Grandur	(b) Full maiden name of applicant's mother Liketa Marie Allring
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test siles for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).  Signature of Applicant Date 5-2-91	immune deficiency syndrome).  Signature of Applicant XIIIIII Date 5291
Signature of Applicant	Signature of Applicant New Date 5 2 2 7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of	County of HENDRICKS/ A SS: In this application is true and correct.
Signed New Address	Signed X UMAU J. TAW KUND  New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 2 day of May 19 91  Conic Rawson Clerk of the HENDRICKS Circuit Court
Courie faces Clerk of the HENDRICKS Circuit Court	Cornic Rawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ) ss:
Father1D #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, aution2	es and directs the issuance of a marriage license to the above hamed parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated 5-2-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
	. I further certify that the following marriage certificate was filed in my office:
I, WAYNE L. DAFOE	(name), certify that on 6-1-91
(date), atBROWNSBURG	in HENDRICKS County, Indiana,
DAVID A. DAFOE of HENDICKS  LINDA J. HAWKINS of HENDRICKS Co.	County INDIANA (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty INDIANA (state) were married by me as authorized  HENDRICKS County, Indiana, dated 6-1-91
Filed and recorded in accordance with the laws of the State of Indiana on	6-4-91 (date).
	· C · 2
	Signed Clerk HENDRICKS Circuit Court
	Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

of IC 31-7-3 APPLICATION FOR	MARRIAGE LICENSE
HEND	ORICKS County File
	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated  Name of Physician Angle J. Thompson, M. D.
MALE APPLICANT  Name First Middle Last	FEMALE APPLICANT  Name First Middle Lagg
Boyd ums Warren Js.	Date of Birth Honth Day Year
Date of Birth Month 10 07 1970  Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R., City County , State	Residence Address Street of R.R. City / County, State
6339 W. Ray Indianspolis, Marior, Indiana	367 Winter Rd. , Planfield, Hendricks, Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify) Priver's License	Date of birth verified by: Birth Certificate (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  No □ Yes □  4. Are you now under the influence of a narcotic drug?  No □ Yes □	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ✓ Yes ☐  Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Boyd Warrex	6. (a) Full name of applicant's fatherN/A
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Kentuckey	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Edith Edy Ganclirel	(b) Full maiden name of applicant's mother Kita Tay (Holden) Gira
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).  Residence of mother (if deceased, so state) milliona.
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Indlesse
I acknowledge that I have received information regarding dangerous communicable diseases 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 Bough Worken In Date 52-91  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed X Boyel Women  New Address  Subscribed and sworn to before me this 2 day of HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed X County of HENDRICKS Signed X County of HENDRICKS Signed X County of HENDRICKS  Subscribed and sworn, to before me this 2 day of HENDRICKS Circuit County of HENDRICKS
CONSTITUTE PROPERTY OF PROPERTY OF PROPERTY.	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary The Listed ox
State of Indiana	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
MotherID #	Father ID # 308-10-5903  Subscribed and sworn to before me this 2 day of May 19 91
Clerk	Corine houses Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded	erk of the Circuit Court of HENDRICKS County, Indiana,
and	I further certify that the following marriage certificate was filed in my office.
I, REV. REGINALD B. MULLINS	(name), certify that on 5-11-91
(date), at INDIANAPOLIS	_ inMARION County, Indiana,
THUNTERS THUN WOLDEN WHURSTONG	CountyINDIANA (state), and untyINDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	MINISTER County, Indiana, dated 5-11-91
Signed by:/s/ REV. REGINALD B. MULLINS Filed and recorded in accordance with the laws of the State of Indiana on	MINISTER (official designation) 5-15-91 (date).

\_\_\_\_ Clerk \_Circuit Court

\_\_\_\_ Clerk \_Circuit Court

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

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
<u>HEND</u>	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No t Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Y' Letter Health
o or y o definitio a class B folding.	
MALE APPLICANT	FEMALE APPLICANT
Name Charles Richard Wyatt	Name Panela Sue Stapert
Nonth Day Sear	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  2150 Hall Kd. P. Val.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce A Annulment Date 79'	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Qother (Specify) Dr. Av.	Date of birth verified by: Birth Certificate Dother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 1 Yes	Are you now or have you ever been adjudged to be of unsound mind?  No ☒️ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No X Yes   3. Are you now under the influence of an alcoholic beverage?  No X Yes   No Y Yes   N	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes   N	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No ☑ Yes ☐
List the full names of any dependent children. Abusel, Amanda	5. List the full names of any dependent children.
	The same transfer of the same
is. (a) Full name of applicant's father Shauler Wight. Wyoth	6. (a) Full name of applicant's father Edward Wroten
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Way The Bull of Control	(b) Full maiden name of applicant's mother Westar and Musika
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  Date 53-9/	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The characteristic and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The characteristic and the cause of the control of th
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss. ss. in this application is true and correct.  Signed Damela A Stapert
New Address	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 3 day of , 19  Mus aux & Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
County of HENDRICKS ss:	County of
Father ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	harles Richard Wyatt
Rev. John C. Parsley	I further certify that the following marriage certificate was filed in my office: (name), certify that on6-29-91
(date), at First Baptist-Plainfield	_ in _ Hendricks County, Indiana,
D 1 C C	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Rev. John C. Parsley	Baptist Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-2-91 (date).

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
<u>HEND</u>	Southy Tile
	5 - 3 - 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes  If No, Medical Examination or Report Dated  4-22-91  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Table 29
Residence Address Street or R.R. City County State	Residence Address Street of Br. City County State  1604 91
Previous Marital Status: Never Married OR No. of Previous Marriages 3 IN	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐ Date 6-88	Last Marriage Ended By: Death Divorce Annulment Date 11 - 63
Date of birth verified by: Birth Certificate Other (Specify) Drivers Lucipse	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  Yes  If answer is "yes," has the adjudication been removed?  No  Yes
2. Are you related to the female applicant closer than second cousin?  Note: Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No 1. Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father William free Walta	6. (a) Full name of applicant's father Horam Hubert Holass
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  TN	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  TENN,
(b) Full maiden name of applicant's mother Deorgia Rauline Daniel	(b) Full maiden name of applicant's mother Frene Violet Lonex
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state)
Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date  State of Indiana  County of HENDRICKS  Signed Applicant Application is true and correct.  Signed Applicant Application is true and correct.  Signed Applicant Application is true and correct.  Clerk of the HENDRICKS Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby 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  Signature to the above affirmation or signature to the above acknowledgment to the above ack	immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  Clerk of the HENDRICKS  Subscribed and sworn to before me this  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because to the above acknowledgment because of religious beliefs.  Date  I swear/affirm that the information given in this application is true and correct.  Signed  HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby 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
Father ID #	Father ID #
Mother ID #  Subscribed and sworn to before me this day of, 19	Mother ID #  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated $\frac{5-3-91}{}$ , authorizing the marriage of ${}$	rk of the Circuit Court of HENDRICKS County Indiana
and <u>Stella M. Waltz</u>	I further certify that the following marriage certificate was filed in my office:
I, Teresa K. Wainscott (date), at Indianapolis	(name), certify that on 5-17-91 _ in Marion County, Indiana,
Robert D. Waltz of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Teresa K. Wainscott  Filed and recorded in accordance with the laws of the State of Indiana on	, Judge (official designation)  6-18-91 (date).

HENDRICKS

\_\_\_\_ Clerk \_Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No//_
HEND	DRICKS County File
	5-3-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 5-2-91
circuit court when the person applies for a marriage license under	Name of Physician Alecca Hank
IC 31-7-3 commits a Class D felony.	THE REPORT OF THE PARTY OF THE
MALE APPLICANT	FEMALE APPLICANT
Name Omis Middle Mosan II	Name Michele Last
Date of Birth Day (Near)	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. Clay County State	Resigience Address Street or R.R. City / County State
It 1 Dol 428 Clayton D.	At 1 Dox 428 Clayton on.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 🔲 OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
Date of offits verified by. Selection (Opening) With Control of the Control of th	Determined by Definition (Specifi) A. Oxylinse
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes  The second mind?  No  The second mind?  Yes  The second mind?  Yes  The second mind?
If answer is "yes," has the adjudication been removed?  No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
2. Are you related to the female applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   es
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children
6. (a) Full name of applicant's father AMAS A. I Program I	6. (a) Full name of applicant's father Mary Lowe
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Anyelle S.	Residence of father (if deceased, so state) Bandridge, In-
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother termula Hennel	(b) Full maiden name of applicant's mother Milright Wiscon
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 5-3-91	I acknowledge that I have received information regarding dangerous communicable disear that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome).  Signature of Applicant Date 5-3-0
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given county of HENDRICKS ss: in this application is true and correct.	State of Indiana ) I swear/affirm that the information git  County of HENDRICKS , in this application is true and corre
Signed Symmy Many 11	Signed & Michell & Love 5-3-
New Address	New Address
Subscribed and sworn to before me this 3 2 day of Mey , 19 9/ HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father	FatherID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cl
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of	James W. Morgan II
and Michele L. Lowe	I further certify that the following marriage certificate was filed in my offic
I,Cynthia J. Spence (date), atDanville	(name), certify that on 5-3-91
	in Hendricks County, Indiana, CountyIndiana (state), and
Michele L. Lowe of Hendricks Co	ounty <u>Indiana</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 5-3-91
Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on_	
The and recorded in accordance with the laws of the state of Indiana on_	5-3-91 (date).

Signed .

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Ves In It No. Medical Examination or Report Dated Name of Physician Agriculture Robinson
MALE APPLICANT	FEMALE APPLICANT
Name Brian Keith Skibbas	Name First J Middle Last Least Least
Date of Birth Month Day Year 68	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street of R.R. City County State
6401 Breat Dr. Dangles Thora Ind.	757 Hoke She Dr. Pyl.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: SBirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
If answer is "yes," has the adjudication been removed?    If answer is "yes," has the adjudication been removed?   If answer is "yes," has adjuditation been rem	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (if deceased, so state)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  1 acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and swore to before me this Clerk of the  Clerk of the  I swear/affirm that the information given in this application is true and correct.  Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Kernbuckly Green this application is true and correct.  New Address Subscribed and sworn to before me this day of HENDRICKS Circuit County  Clerk of the HENDRICKS Circuit County  Circuit County  County of HENDRICKS Circuit County  Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which 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 )	State of Indiana )
County of	County of
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID # ID # , 19 , 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Clerk
and filed in, authorize	Court, by written order issued
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	Brian K. Skibba
and Kimberly J. Kerby	I further certify that the following marriage certificate was filed in my office:
I, the Rev William P. Hendricks (date), at Wayne Township	in Marion County Indiana
Brian K. Skibba of Miami	County Unio (state) and
Kimberly J. Kerby of Miami Cou	(state) were married by me as authorized
Gigned by: /s/ the Rev. William P. Hendricks	
Filed and recorded in accordance with the laws of the State of Indiana on	6-18-91 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. Yes Z A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Never Married OR No. of Previous Marriage: Death Divorce Death Date of birth verified by: Birth Certificate Other (Specify) No Yes No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🔲 Yes 🗌 No 🗌 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🗆 Yes 🗆 No D No Yes No Yes Are you now under the influence of an alcoholic beverage? Yes No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court HENDRICKS HENDRICKS / annu Sewal Molerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE \_ County, Indiana, and DOROTHY ANN RUNNELLS . I further certify that the following marriage certificate was filed in my office: I, EVERETT BARNARD in MORGAN

County INDIANA INDIANA

5-30-91

\_(state), and

County, Indiana, dated \_ (official designation)

HENDRICKS

(date).

(state) were married by me as authorized

. Clerk

Circuit Court

MOORESVILLE

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: / S / EVERETT BARNARD

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

of MORGAN
HENDRICKS

LARRY ROGER PERKINS

DOROTHY ANN RUNNELLS

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Female Applicant 50 No 🗆 Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Divorce Death Last Marriage Ended By: Divorce Date of birth verified by: Birth Certificate Qther (Specify) aune No 🗗 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 No 🗌 No 🗆 Yes 🗌 Yes 🗌 No 🔽 No Yes Are you related to the female applicant closer than second cousin No 🗆 Are you now under the influence of an alcoholic beverage? No Yes 🗌 Are you now under the influence of an alcoholic beverage? No Ves No Yes of mother (if deceased, so state)\_\_\_ ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given HENDRICKS HENDRICKS ALL SOMERKOTTHE Comme Que Seterk of the CONSENT OF PARENTS, PARENT, 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, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, Karla Sue Kisner , authorizing the marriage of \_ . I further certify that the following marriage certificate was filed in my office: Rev. Ron Phillips (name), certify that on . Hendricks (date), at \_\_North Salem e), at North Salem
Douglas Randall Haggard of Hendricks County, Indiana, Indiana Hendricks (state), and County Indiana (state) were married by me as authorized County\_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated . Minister (official designation) Signed by: /s/ Ron Phillips

6-17-91

(date).

HENDRICKS

Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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

Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County 5-10-90 Date of Applicat

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

Female Applicant 50 No 🛱 Yo	es 🗆
If No, Medical Examination or Report Date	d
Name of Physician Robert Form	

MALE APPLICANT	FEMALE APPLICANT
Name Eigh a Middle Last	Name S First Middle MAP & Last N .
Date of Birth Month Day Year	Date of Birth Month Day Year D
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
<u>TL</u>	IN
Residence Address Street or R.R.  City County State  230 S. Pluthal Wingra Milliams	Residence Address Street or R.R. Otty County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:	Date of birth verified by: Birth Certificate (Specify)
Are you now or have you ever been adjudged to be of unsound mind?      No Yes       If answer is "yes," has the adjudication been removed?      No Yes       Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes    Yes     Yes
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
A Company of the last of the l	The state of the s
6. (a) Full name of applicant's father Warles Q. Randall	6. (a) Full name of applicant's father Sohn & Consposed
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Who say the	Residence of father (if deceased, so state) Diving TO
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Strain 111 They	(b) Full maiden name of applicant's mother Season (b)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me, this  Clerk of the  Clerk of the  Clerk of the  Consent OF Parents, Parent, Or Guardian	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed Acadolina  New Address  Subscribed and sworn to before me this day of HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Clerk of the Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Countries HENDRICKS ss:	State of Indiana )
FatherID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, the
	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties
DETUDALOS MARRIAS MARRIAS	TE AND MADDIAGE CENTERATE
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana,  Left rev. A Randall
dated 5-7-9, authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office.
I, Rev. Daniel B. Donottoo  (date), atBrrownsburg	
Jeffrey A. Randall of Caine	County (state), and
Caroline M. Comeford of Hendricks Co	ounty Indiana (state) were married by me as authorized
	HENDRICKS County, Indiana, dated 6-1-91
Signed by: /s/ Rev. Daniel B. Donottoo  Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Connie Lauren Clerk
	HENDRICKS Circuit Court

and \_ Gina L. Freiji

Andrew R. Carpenter

Gina L. Freiji

I, Charles E. Chestnut

(date), at \_\_\_ Avon/Plainfield

Signed by: /s/ Charles E. Chestnut

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

<u>HENDI</u>	RICKS County File
	5 - 7 - 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes III No. Medical Examination or Report Dated 5-1-91 Name of Physician McCical Laboratory - (Shigman)
MALE APPLICANT	FEMALE APPLICANT
Name    First   Middle   Last	Date of Birth    Date of Birth   Date of Birth   Date of Birth   Date of Birth   Date of Birth   State or foreign country
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 5-7-91	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above 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  Signed In this application is frue and correct.  New Address Same  Subscribed and sworn to before me this Tthe day of HENDRICKS  OTHER STATES OF THE CIrcuit Court	State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this Cornice Subscribed and sworn to before me this HENDRICKS Circuit County of HENDRICKS  I swear/affirm that the information gives in this application is true and correct and the swear subscribed and sworn to before me this HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS  Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which 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   )	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #
County	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

\_ (name), certify that on \_

in Hendricks

Pastor

County \_ Indiana

County Indiana

6-11-91

HENDRICKS

County, Indiana,

\_(state), and

(official designation)

\_\_\_\_ (state) were married by me as authorized \_\_\_\_\_ County, Indiana, dated \_\_\_\_\_ 6-8-91

Clerk Circuit Court

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

(name), certify that on 6-8-91

(date).

Lawson

of Marion
Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of

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

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDE	COUNTY COUNTY	5.7	.91
on applying for license.	Female Applicant 50	No ☐ Yes 🌣	ication .

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

MALE APPLICANT **FEMALE APPLICANT** urner Previous Marital Status: Never Married ous Marital Status: Never Married OR No. of Previous Marriages Annulment Date 12-17.90 Death 🔼 Divorce 🗌 Last Marriage Ended By: Death D Divorce Date 1 - 8 . ( 8 Date of birth verified by: Birth Certificate Dother (Specify) Date of birth verified by: Birth Certificate QOther (Specify) No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 1. Are you now or have you ever been adjudged to be of unsound mind? No N No 🗆 If answer is "yes," has the adjudication been removed? Yes 🗌 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🗌 Are you related to the female applicant closer than second cousin? No Yes 🗌 Are you related to the male applicant closer than second cousin? No D Yes 🔲 Are you now under the influence of an alcoholic beverage? No Yes 3. Are you now under the influence of an alcoholic beverage? No D Yes 🔲 Are you now under the influence of a narcotic drug? No No Yes 4. Are you now under the influence of a narcotic drug? Yes 🔲 No D (a) Full name of applicant's father Ook Calvin Junes (a) Full name of applicant's father Birthplace of mother (State or foreign country)\_ I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_\_\_\_ Clerk of Court \_\_\_ State of Indiana State of Indiana County of HENDRICKS County of \_\_\_\_\_\_HENDRICKS Signed X James & Subscribed and sworn to before me this HENDRICKS Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary \_ State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, authorizing the marriage of \_\_JAMES L. TURNER 5-7-91 dated \_ VIRGINIA D. TURNER \_ . I further certify that the following marriage certificate was filed in my office: H. DEAN WARREN (name), certify that on \_\_\_\_ 5 - 18 - 91INDIANAPOLIS MARION (date), at \_ \_ County, Indiana, of\_\_HENDRICKS JAMES L. TURNER INDIANA \_(state), and County \_ of HENDRICKS VIRGINA D. TURNER INDIANA (state) were married by me as authorized County\_ under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated 5-7-91 /s/ H. DEAN WARREN (official designation) 5-21-91 Filed and recorded in accordance with the laws of the State of Indiana on. (date). Xomaen Clerk

HENDRICKS

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

178

HEND	DRICKS County File
	5-7-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☑ Yes ☐  If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician 1/m Edwards
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name William Middle Flast	Name Karen Last Corve
Date of Birth Month Day Year 956	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 A. County State
231 avon auc apt / Thanfield to.	874 Joseph & Hamfield
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Statue Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Orner (Specify)	Date of birth verified by: Birth Certificate Officer (Specity)
	The same of
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?  No Ves   See List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full names of any dependent children. It cold from from
- OIMP	10
6. (a) Full name of applicant's father Toburt !!! Dook!	6. (a) Full name of applicant's father Alonge To Jayo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (State or foreign country)
(b) Full maiden name of applicant's mother Allen Smith	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Sharon Bandus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) and plan.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).  Signature of Applicant Date 5/7/9/	Signature of Applicant Harender Lerro Date 5/7/9
100	7 (6)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court
	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information give
County of HENDRICAS In this application is true and correct.	County of HENDRICKS in this application is true and correct
New Address 374 E. Jossop Plaintield, Tw	New Address 874 E. Jessup, Plfd, 1/1
Subscribed and sworn to before me this 7th day of Man, 19 9/	Subscribed and sworn to before me this 7th day of 12 19 91
Circuit Court	Commie Thus Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
PERMIT OF THE PE	
State of Indiana ) ss:	State of Indiana )  HENDRICKS SS:
County of RENDRICKS	County of
Father ID # Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Mother
Clerk	Cle
COMPLETE IF MADRIAGE LIGHTER TO SELECT OF SELECT	
County	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $\frac{5-7-91}{}$ , authorizing the marriage of $$	william H. BOOK — HENDRICKS County, Indiana,
, dumorizing the marriage of	I further certify that the following marriage certificate was filed in my office
I, LORING B. PROSSER	(name), certify that on 5-25-91
(date), atINDIANAPOLIS	in MARION County, Indiana.
	CountyINDIANA(state), and
	unty INDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/LORING B. PROSSER	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-29-91 (date).
	Signed Comie Fouran Clerk
	HENDRICKS Circuit Court

Date of Birth

IC 31-7-3 commits a Class D felony.

Death

er is "yes," has the adjudication been removed?

Ornice Rawson Clerk of the

CONSENT OF PARENTS, PARENT, OR GUARDIAN

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Yes IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Mishue Chitwood, M.S. circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT Date of Birth Indiara OR No. of Previous Marriages Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Souther (Specify) Drivers Lucus No W Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 Yes 🗌 No 🗌 No T Yes 🗌 ated to the male applicant closer than second cousin? No 🔽 Yes 🗌 Are you related to the female applicant closer than second cousin? No 🗹 Yes 🗌 No 🗹 Yes 🔲 Yes 🗌 No V Yes Willis Dugger (a) Full name of applicant's father Branz Edward Layer Indiana Birthplace of father (State or foreign country)

Full maiden name of applicant's mother

Edica Rose Hubel nother (if deceased, so state) Birthplace of mother (State or foreign country) Tricliana ACKNOWLEDGMENT ACKNOWLEDGMENT wledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases X Sherree ackson The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court May 19 91 HENDRICKS Courie hauson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs

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

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

I certify that there was filed in my office a marriage license issued by the authorizing the marriage of	Clerk of the Circuit Court of _ David Franz Layer	HENDRICKS County, Indiana
and Sherrie Lea Jackson	. I further certify that the foll	lowing marriage certificate was filed in my offic
I, Albert H. Holzbauer	(name), certify that on Johnson	County, Indiana,
David Franz Layer of Hendricks	CountyIndiana	(state), and (state) were married by me as authoriz
Sherrie Lea Johnson of Hendricks under a marriage license that was issued by the Clerk of the Circuit Court	County	(state) were married by me as dumorized
Signed by: /s/ Albert H. Holzbauer	Minister	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana or	1	date).

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
HEND.	RICKS County File
[] [] [[] [[] [[] [] [] [] [] [[] [] []	5-7-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated  Name of Physician Acknowled Makes
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician _ governor, m.b.
The second secon	
MALE APPLICANT	FEMALE APPLICANT
Name , First Middle . Last	Name First Myddle Last
Letchard Orain Maris	Date of Birth Kackel Suc Need  Month Day Year
9 01 1968	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Indiaxo	Frace of birth (state or foreign country)  Tradicaro
Residence Address Street or R.R. City County State 1054 E. Clifford Brownsburg, Hendricks, Indian	Residence Address Street or R.R. City County State State & State Address Maria Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of birth verified by: Birth Certificate Softer (Specify) Driver's Recense	Date of birth verified by: Birth Certificate Stother (Specify) Drivers Ficeuse
발매 이 이 가는 하지 않는 것이 없었다. 그는 이 모이는 것이 없다.	
Are you now or have you ever been adjudged to be of unsound mind?     No   ✓ Yes   ✓	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
4. Are you now under the influence of a narcotic drug? No   Yes   5. List the full names of any dependent children	4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
Dila Pinga	- Co Y Y Y Y
6. (a) Full name of applicant's father Letchard Centis Manco	6. (a) Full name of applicant's father Norman Louglas New
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Profileration	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  **Transport of the content of the conte
Birthplace of father (State or foreign country) Malaga	Birthplace of father (State or foreign country) Prolition
(b) Full maiden name of applicant's mother 2002 Carol Carpentie	(b) Full maiden name of applicant's mother Blanche Elizabeth Sint
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Thaliana  Birthplace of mother (State or foreign country) Phaliana	Residence of mother (if deceased, so state) Indiana
Birthace of motive (State of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Setchard Craig Maners  Date 5-7-91	immune deficiency syndrome).  Signature of Applicant & Rachel Sue Need Date 5-7-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Order of Oddri	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS Signed X Letchard Cracq Manus in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 8/2 Broker Bow St. Cest 115, Indiangolis Int	Signed X Rachel Sul Need
Subscribed and sworn to before me this	New Address Same Subscribed and sworp to before me this 7 day of Moy 19 91
Carrie Lausan Clerk of the HENDRICKS Circuit Court	Conju Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state ladis which make the consent of the other parent uninecessary
State of Indiana )  HENDRICKS SS:	State of Indiana )
County of	County of
Father ID #	Father ID #
Mother	Mother ID #  Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in county authorize	es and directs the issuance of a marriage license to the above named parties.
, additionate	and should the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	Letchard Craig Maners
and Rachel Sue Need I, Merle A. Need	I further certify that the following marriage certificate was filed in my office:  (name), certify that on $6-1-91$
(date), atPlainfield	(name), certify that on
Letchard Craig Maners of Hendricks	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Merle A. Need	
Filed and recorded in accordance with the laws of the State of Indiana on	

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No A Yes 
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year Year	Date of Birth Month Joan Vest Vest
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City , County State	Mo
3950 N. 1000 E fot 110 B' Drug	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 3. 91
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Ave.	Date of birth verified by: Birth Certificate Cother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	
1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes	Are you now or have you ever been adjudged to be of unsound mind?      No Yes  If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?      No     No     No     No     No     No     No	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No   Yes   1. List the full names of any dependent children.   Such Charter  No   Yes   1. Ves   . Ves   1.
	Joshua See Blay, Stace Typus May
Ma Min Davi Co	M 11 2 12 12 12 12 12 12 12 12 12 12 12 1
6. (a) Full name of applicant's father Wor Duls Multin William St. (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Island. Engine 18th
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother from the Jan Mo	Full maiden name of applicant's mother Tables and Iller
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
	Birtiplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and, a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Monty - Parkmon Date 5.8-9/	Signature of Applicant X Diama & Roth Date 5-8-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court
	Cierk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information given
County of RENDRICAS In this application is true and correct.  Signed X Con 8 - Perferment In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.  Signed X Diana L. Roth
New Address	Signed X Duana Z Roth New Address
Subscribed and sworn to before me this day of, 19	Subscribed and swern to before me this 8 day of May 19 91
Lands Tours Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana )  Countries HENDRICKS SS:
Father ID #	County of
MotherID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	DON T. PERKINSON, JR
and DIANA L. ROTH	I further certify that the following marriage certificate was filed in my office:
I, ROBERT RUGG (date), at PLAINFIELD	(name), certify that on 5-18-91
DOM TO DEPUTE	TNDTANA County, matana,
DIANA L. ROTH of HENDRICKS Con	unty 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 5-18-91
Signed by: /s/ ROBERT D. RUGG	_ ,ELDER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-23-91 (date).
	Signed Commission of the same
	Signed Clerk  HENDRICKS Circuit Court
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

المستقل المستقل المستعدد المست			
Female Applicant 50	No 🗆	Yes 🗆	
If No, Medical Examinat	ion or Repo	rt Dated	
If No, Medical Examinat	Stegan	woller M.D.	
		THE RESERVE OF THE PARTY OF THE	

MALE APPLICANT	FEMALE APPLICANT
Name Geres Middle Stattler	Name Kinsberles and Words
Date of Birth	Date of Birth Month Day Year
	Place of Birth (State or foreign couptry)
Place of Birth (State or foreign country) Andiana	maliona
Residence Address Street or R.R. City County State	24 E. Edgewood Dr. Panoille, Hendeuche, Indiana
	Previous Marital Status: Never Married POR No. of Previous Marriages
-1 - 1001	Last Marriage Ended By: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce R Annulment Date 1991	\ \ P
Date of birth verified by: Birth Certificate Gother (Specify) Driver's Fraeval	Date of birth verified by: Birth Certificate Other (Specify) Drivers Therese
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?  No Yes   es
2. Are you related to the female applicant closer than second cousin?	2. Ale you related to the male approach to the male
3. Are you now under the influence of an alcoholic beverage?  No W Yes   Are you now under the influence of a parcotic drug?  No W Yes   No W Yes	Are you now under the influence of an alcoholic beverage?      Are you now under the influence of a narcotic drug?  No  Yes
4. Are you now under the influence of a narcotic drug?  No  Yes  List the full names of any dependent children.	5. List the full names of any dependent children.
5. List the full mande of any separation which is	
- Stottle	6 (a) Full name of applicant's father Paul Michael Morgan
6. (a) Full name of applicant's father Paul Norman Stettler	6. (a) Full name of applicant's father Full Trucking Tripograms  (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Distribute of father (State or fareign country) Clarkworth	Birthplace of father (State or foreign country) Tudiana
(b) Full maiden name of applicant's mother Off NMT Boyd	(b) Full maiden name of applicant's mother Carol Class Joseph
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) ####################################
Birthplace of mother (State or foreign country)	Birthpiace of mother (State of Toleign Country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & May No. Date 58-91	immune deficiency syndrome).  Signature of Applicant Date 38-97
Signature of Applicant Dates 5 47	digitative of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana / ) / I swear/affirm that the information giver
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct
Signed Stell A Steller	Signed X Millesley 4 Millesley
New Address Subscribed and sworn to before me this 8 day of May, 19 91	New Address  Subscribed and sworp, to before me this
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Cornic hauson Clerk of the HENDRICKS Circuit Cour
Character / Fee	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS
Father ID #	Father ID # ID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Codated	lerk of the Circuit Court of HENDRICKS County, Indiana, Gary Norman Stettler
· Kimperly Ann Mordan	. I further certify that the following marriage certificate was filed in my office
Joel R. Vogel	(name), certify that on 5-18-91
(date), at INDIANAPOLIS	inMARION County, Indiana,
GARY NORMAN STETTLER of HENDRICKS	County INDIANA (state), and
	HENDRICKS
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/JOEL R. VOGEL	
Signed by: /s/ JOEL R. VOGEL  Filed and recorded in accordance with the laws of the State of Indiana on_	5-23-91 (date).
Thea and recorded in accordance with the taws of the state of matcha on_	
	Signed Connie Fauren Clerk
	HENDRICKS Circuit Court

Darrell Lynn Knauss

Annette Lee Strube

Hendricks

Hamilton

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

Signed by: /s/ Rev. Alberta Allie Diehl

Indiana

Indiana

Minister

6-7-91

(state), and

County, Indiana, dated \_\_\_

Dawson

(date).

(official designation)

(state) were married by me as authorized

\_\_\_\_ Clerk \_Circuit Court

County

County.

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Yes Female Applicant 50 No @ A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce Annulment Divorce 🗌 Annulment Birth Certificate Other (Specify) Birth Certificate Other (Specify) No Yes No Yes 🗆 Yes 🗆 No 🗆 Yes 🗆 No Yes No Yes No Yes No Yes No Yes Are you now under the influence of a narcotic drug? The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court \_ State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS ( CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS \_ County, Indiana, authorizing the marriage of \_ Annette Lee Strube . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-2-91Rev. A. Allie Diehl Indianapolis Marion County, Indiana,

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No Seport Dated

Name of Physician Family Doctors of Planfield

MALE APPLICANT	FEMALE APPLICANT
Name Alvin & Middle Marsoner	Name First Middle Maessner
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)
Ashley, Morth Dakota	Caraway, Arkansas
scidence Address R. 3 BOX 374 Clayton IN 46118	Residence Address Street or R.R. City County State
pvious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By. Death Divorce Annulment Date
at Marriage Ended By: Death Divorce Annulment Date 86	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Dother (Specify) Driver Wense	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?	Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes   Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No. ■ Yes □
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent children.
NOCCEC-C-	
(a) Full name of applicant's father John Maessner	6. (a) Full name of applicant's father + rank J. Stone
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) (ACCASEC) NORTH DOKO	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state) Ar Kansas Tockas
	Residence of father (if deceased, so state) His harm Substitution Birthplace of father (State or foreign country) His Karn Substitution
(b) Full maiden name of applicant's mother Kattle Lux	(b) Full maiden name of applicant's mother Zova I. Casey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Ar Kov6as Deceas
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Pr Kansas
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant Oluri L. Mulssul Date 5-9-91	Signature of Applicant Lola J. Maesur Date 5-9-
nature of Applicant Www 4 * * * * * * Date \$ - 9 - 9 /	Signature of Applicant Date Date
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
ate of Indiana ) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana ) I swear/affirm that the information given county of HENDRICKS ) ss: in this application is true and correct.
Signed alwin & massner	9.0. 0 m. 2
New Address RH3 BOX324 Claylon and 9611	New Address RR 3 Boy 374 Cla Ha
bscribed and sworn to before me this day of how 1991	Subscribed and sworn to before me this day of may, 191
Circuit Court	Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana ) ss:	State of Indiana )
unly or	County of
ther ID #	Father ID #  Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
d filed in county authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, authoriz	to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Cl	
ed, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
CYNTHIA J. SPENCE  ttel, at DANVILLE	in HENDRICKS County, Indiana.
ALVIN G. MAESSNER of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
	unty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as aminorized
igned by: /s/ CYNTHIA J. SPENCE	F 14 01
	5-14-91 (date).
ed and recorded in accordance with the laws of the State of Indiana on_	5-14-91 (date).
led and recorded in accordance with the laws of the State of Indiana on_	E 14 01

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT

Female Applicant 50	No 🗆	Yes 🗆	With Street St.
If No, Medical Examination	on or Repo	ort Dated	
If No, Medical Examination Name of Physician	Troyle,	$m.\Delta$	

**FEMALE APPLICANT** 

Name Open Taylor Shearer	Name Marka Carol Poque
Date of Birth Month Day Year 1936	Date of Birth Month Day 1947
Place of Birth (State or foreign country)  Lexturks	Place of Birth (State or foreign country)
Residence Address Street or R. P. Clay City County State LLad, Box 453-A, Claylor, Hendelcha, Indiana	Residence Address Box 245, Rolla, Philps, Missouri State
Previous Marrial Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married  OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 1986	
Date of birth verified by: Birth Certificate Wother (Specify) Driver's Ricense	Date of birth verified by: Birth Certificate Souther (Specify) Diving Historia
Miles at 17 and an interest to the control of the c	A THE WHITE PARTY IN THE WAY THE PARTY IN TH
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage? No   ✓ Yes   ✓	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No V Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Taylor NMI Skearer	6. (a) Full name of applicant's father Vernox K. Shaffer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Periodece of father (if decreased as etate)  Declared
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Latrucky	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Missourie
(b) Full maiden name of applicant's mother Nettice Clark	(b) Full maiden name of applicant's mother Lawilla 7. Gallion
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Declared,	Residence of mother (if deceased, so state) Declased
Birthplace of mother (State or foreign country) Kuntucky	Birthplace of mother (State or foreign country) Oklahoma
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Aphn 7 Meau Date 5-9-91	Signature of Applicant & Thurtha Carol Joque 5-9-91
Signature of Applicant X Am / Mulau Date 3 9 47	Signature of Applicant Kiri pricing Court page 1
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs,	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X John T. Shearen	Signed & Martha Carol Jague
New Address Subscribed and sworn to before me this day of	New Address  Subscribed and sworn to before me this 9 day of May 19 91
Subscribed and sworn to before me this	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County ofHENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Subscribed and sworth to before the this day of, 19
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cladated $\frac{5-9-91}{}$ , authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana, John Taylor Shearer
	I further certify that the following marriage certificate was filed in my office:
I, Stevan W. Ranson	(name), certify that on5-9-91
(date), at Clayton	_ in Hendricks County, Indiana,
John T. Shearer of Hendricks  Martha Carol Pogue of Phelps Co	County Indiana (state), and Missouri (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	unity (black) were married by me as aumorized
Signed by:/s/ Stevan W. Ranson	
Filed and recorded in accordance with the laws of the State of Indiana on_	5-13-91 (date).
	Signed Clerk
	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Health under Authority of IC 31-7-3 APPLICATION FOR I	NARRIAGE LICENSE
HEND	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name V First Robert Hess	Name Lori Susanne H King
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
09	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State  \$13 W. Ro. Rd. 2005 Danville	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10.8.90	Last Marriage Ended By: Death Divorce Annulment Date 7-9-00
	Date of birth verified by: Dirth Certificate Other (Specify)
Date of birth verified by: Birth Certificate (Other (Specify) Dr. Tre.	
MARKATER REPORTED AND A STREET OF THE PARTY	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No X Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Robert C. Hass	6. (a) Full name of applicant's father Malcolin W. Mitchell &
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) They what FL	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Doubtly D. Relief	(b) Full maiden name of applicant's mother Manual S. 17 thank
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sudgelp- TD	Residence of mother (if deceased, so state) Musicula (1)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 5/9/9/	immune deficiency syndrome) Signature of Applicant  Date 5/9/6
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana ) / swear/affirm that the information given
County of HENDRICKS SS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X/M- 16 W/QUS	Signed X Oli 7/1. King
New Address Subscribed and sworn to before me this day of 5	New Address  Subscribed and sworn to before me this 9 day of 5, 19 9 1
Subscribed and sworn to before me this day of, 19 11  Mine Tours IN Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Chair of Indiana	State of Indiana )
State of Indiana ) County of HENDRICKS Ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 5-9-91, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, GENE YOUNG	(name), certify that on 5-11-91
(date), at 513 W 200 S	_ in HENDRICKS County, Indiana,
ERIC R. HESS OF HENDRICKS  LORI S. KING OF HENDRICKS CO	CountyIN(state), and

HENDRICKS

-, <u>PASTOR</u> 5-14-91

Signed\_

\_County, Indiana, dated \_\_\_\_\_ (official designation)

(date).

HENDRICKS

5-9-91

Clerk

\_Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 147

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

ALL EIGHTON	No187
HEND	DRICKS County File
	S. 9 -91
	Date of Application
	Female Applicant FO No Vo.
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ♥ Yes □  If No, Medical Examination or Report Dated
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Name of Physician Sand Hadle
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Hame William Joseph Rapp	Name Jane Ellen Finchen
Date of Birth Month Day Year 39	Date of Birth Month Oay Year 43
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
10403 White Oak Dr. Carmel	121 Continental On. Moresvelle Head Co.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 4-11-91	Last Marriage Ended By: Death Divorce Annulment Date 10.18.90
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Liv.
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      Yes      ✓	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
11. Are you now or have you ever been adjudged to be of unsound mind?  12. If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No A Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father James Edward Kapp	6. (a) Full name of applicant's father Townse Stamper
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Residence of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) the Magazine of applicant's mother the Magazine of applicant's mother the Magazine of applicant's mother the mother of applicant's mother the mother of applicant of	
(If adopted, list adoptive parents only)	(If adopted list adoptive parents only)
Residence of mother (if deceased, so state) Evanguable IN	Residence of mother (If deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).  Signature of Applicant  Date 5-9-91	Signature of Applicant & Jane E. Funchum Date 5-9-91
Signature of Applicant Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Williams Thup	Signed & Jane E. Finching New Address 121 Continental Wr., maresner
New Address 12/ Contentint on Mortaville	New Address
Subscribed and sworn to before me this	Course Sawson Clerk of the HENDRICKS Circuit Court
Circuit Court	Cr Sac Openato
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #  Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedizes and directs the issuance of a marriage license to the above named parties.
	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-9-91, authorizing the marriage of _	William J. Kapp
and Jane Ellen Fincham  Thomas C. Kuhn	I further certify that the following marriage certificate was filed in my office: (name), certify that on6-12-91
(date), at Fishers	(name), certify that on to
William J. Rapp of Hamilton	County Indiana (state), and
	County Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 6-8-91
Signed by: /s/ Thomas C. Kuhn	, Minister (official designation)

'6-12-91

Clerk \_Circuit Court

Signed by: /s/ Thomas C. Kuhn
Filed and recorded in accordance with the laws of the State of Indiana on\_

Form Prescribed By Indiana State Board of

### STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR M	MARRIAGE LICENSE
HEND	No
HENDI	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Name of Physician Robert D. Quello, M. D.
IC 31-7-3 commits a Class D felony.	Traine of this state of the sta
	FEMALE APPLICANT
MALE APPLICANT  Name    First   Myddle   Ast	
Steven Le Gipson	Name  Set  Oute of Birth  Month  Day  Year  Year
Date of Birth Month Day 184 1867	Place of Birth (State or foggign country)
Indiana	Residence Address Street or R.R., City County State
Residence Address Street or R.R. North Salem, Lendlicks, Indiana	Residence Adgress 202 Fadoga ave, Morth Scelem, Lerdricker, Indiane
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Wother (Specify) Diwer's Lisense	Date of birth verified by: Birth Certificate Fother (Specify) Driver & Tuense
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No   Yes
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No 🖫 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Var. 1 9 0	6. (a) Full name of applicant's father Darrell K. Davidson
6. (a) Full name of applicant's father Werkel Sur Gipson  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father DUNIUL K. Par Casan  (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Production
(b) Full maiden name of applicant's mother Parker armen a Park	Birthplace of father (State or foreign country) by deinn (b) Full maiden name of applicant's mother Renduce for Weight
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Olevaco of Control of C
Residence of mother (if deceased, so state) Malipro	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indicare	Birthplace of mother (State or foreign country). Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, And a list of the Lest sites flor the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 5 9-91	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS   ss:   I swear/affirm that the information given in this application is true and correct.	State of Indiana ) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed K XILLURY O KIPOTA	Signed * See Mice Planoson
New Address  Subscribed and sworn to before me this    day of	New Address Subscribed and sworn to before me this
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #  Mother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $5-9-91$ , authorizing the marriage of	
and Lee Alice Davidson	I further certify that the following marriage certificate was filed in my office:
I, Roland Phillips (date), at North Salem	in Hendricks County, Indiana.
Steven Lee Gipson of Hendricks	CountyIndiana(state), and
	unty Indiana (state) were married by me as authorized  HENDRICKS County Indiana dated 6-8-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Roland Phillips	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-8-91 (date).

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 由 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician \_ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriage: Divorce Annulment Last Marriage Ended By: Death Annulment Last Marriage Ended By: Birth Certificate Other (Specify) Yes 🗌 Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🔲 No N Yes 🗌 No 🔯 Yes 🗌 Are you related to the female applicant closer than second cousin? No W Yes 🗌 No X Are you now under the influence of an alcoholic beverage? Yes 🗌 Yes 🔲 Yes 🔲 Birthplace of mother (State or foreign country)\_ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given \_ day of \_ Man HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 dated \_\_\_\_\_\_\_\_, authorizing the marriage of \_\_\_\_\_\_Phillip A. Smith \_ County, Indiana, Kelli S. Sensor . I further certify that the following marriage certificate was filed in my office:

(name), certify that on \_ Hendricks

HENDRICKS

(date).

Lawson

Indiana

Indiana

Minister

7-3-91

County \_

County\_

County, Indiana,

(state), and .

County, Indiana, dated \_

(official designation)

(state) were married by me as authorized

Clerk

\_Circuit Court

1. Pastor Kevin L. Bomar

Signed by: /s/ Kevin L. Bomar

of\_ Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

Hendricks

(date), at Indianapolis

Phillip A. Smith

Kelli S. Sensor

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 5-691 circuit court when the person applies for a marriage license under Name of Physician \_\_\_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? No 🗗 Yes 🗌 No Yes If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No Yes No Yes Are you related to the female applicant closer than second cousin? Are you related to the male applicant closer than second cousin? No Yes 🗌 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No ☑ Yes □ Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father albert N. Sheets (a) Full name of applicant's father William Wesley Hours (If adopted, list adoptive parents only)\_ Residence of father (if deceased, so state) Induana ace of father (State or foreign country) Tenny. en name of applicant's mother Solar Leslie Cottengin glan K. Sant Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country). **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. State of Indiana I swear/affirm that the information given May. 1991 Clerk of the HENDRICKS O CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_ 5-10-591 10-91 DAVID BRIAN SHEETS \_, authorizing the marriage of \_ ELAINE KAY NELSON . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 5-17-91CARL AKARD RILEY (name), certify that on \_ HENDRICKS PLAINFIELD (date), at \_ County, Indiana, HENDRICKS INDIANA DAVID BRIAN SHEETS County (state), and of\_HENDRICKS ELAINE KAY NELSON INDIANA (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: \_\_\_\_\_/s/ CARL AKARD RILEY HENDRICKS County, Indiana, dated \_\_\_ MINISTER (official designation) 5-17-91 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

Dawson

\_\_\_\_ Clerk Circuit Court

\_\_\_\_ Clerk \_Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND.	ORICKS County File
	S - 10 - 91  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No St. Yes I If No, Medical Examination or Report Dated Name of Physician Application Shangar
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year 455
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 Martial Status: Never Married (A) OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No S  Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind?  No.  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No  Yes   No  Yes  No	2. Are you related to the male applicant closer than second cousin?  No Yes   Are you never the influence of an electric because?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No \( \) Yes \( \)	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No 14 Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Harold Tongs	6. (a) Full name of applicant's father John Eduard Danay
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Landsung TO
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Many Eva Hopman	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Shahaba Shahaba Sandah
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Loventra III	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.  Signed X Juliany B, Company	County of HENDRICKS ss: in this application is true and correct.
New Address	New Address
Subscribed and sworn to before me this 10Th day of 19 91	Subscribed and sworn to before me this 10 th day of 19 91
Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	state facts which make the consent of the other parent differences.
State of Indiana ) Countries HENDRICKS ss:	State of Indiana )
FatherID #	County of MENDINCAS
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the  Court, by written order issued
والمراجع والمراجع والمراجع والمناطق والمراجع والمناطق والمراجع والم	tes and directs the issuance of a marriage license to the above named parties.
A STATE OF THE RESERVE OF THE PERSON NAMED IN STREET, THE PERSON NAMED IN STREET, THE PERSON NAMED IN STREET,	
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-10-91, authorizing the marriage of	JEREMY B. CONES
and KATRINA F. TANSY	I further certify that the following marriage certificate was filed in my office:
I, E. J. STEINERT	(name), certify that on 5-18-91
	_ in _ HENDRICKS County, Indiana, County _ INDIANA (state), and
	ounty 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 5-18-91
Signed by: /s/ E. J. STEINERT	, MINISTER (official designation)

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	PRICKS County File
HEND	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No S Yes   If No, Medical Examination or Report Dated  Name of Physician   Panalogo Separation Separa
MALE APPLICANT	FEMALE APPLICANT
Name John Jan Pedjab	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Worth Day Year 31
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married D. OR No. of Previous Marriages	Previous Marital Status: Never Married BOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Contract the second sec
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Dr. Alex
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes	If answer is "yes," has the adjudication been removed?  No Yes □  Are you related to the male applicant closer than second cousin?  Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 反 Yes ☐
4. Are you now under the influence of a narcotic drug? No V Yes	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Howard, K. Padiga	6. (a) Full name of applicant's father Royald John Shampan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) PSId. TO
(b) Full maiden name of applicant's mother Down Dason Multin	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother while Mas half
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases 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 5/10/9/	I acknowledge that I have received information regarding dangerous communicable diseases 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 5/10/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 53Z LAW NOALE, PLFD, IN	New Address 532 Lawndale, PIFO, IN.
Subscribed and sworn to before me this \$10day of MAY, 19 91	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Course Sauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State facts which make the consent of the other patent dimecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
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
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $\frac{5-10-91}{}$ , authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana, John J. Pedigo
and <u>Cynthia A. Thompson</u> My Stephen White	$\_$ . I further certify that the following marriage certificate was filed in my office: $\_$ (name), certify that on $\_$ 6-1-91
(date), at Plainfield	in Hendricks County, Indiana,
John J. Pedigo of Hendricks  Cynthia A. Thompson of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-1-91
Signed by: _/s/ Stephen White  Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation) 6-17-91 (date).

Circuit Court

REGINA L. ROBERTS RONALD L. PARKER

Signed by: /s/ Ronald L. Parker

\_ of\_ HENDRICKS

of MORGAN

under a marriage license that was issued by the Clerk of the Circuit Court of \_

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

(date), at BLOOMINGTON

REGINA L. ROBERTS

ROBERT E. RUSSELL, JR

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Thompso IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Date of birth verified by Bigt Certificate Other (Specify) Date of birth verified by: ABirth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No 

Yes 

☐ Yes 🗌 No Yes If answer is "yes," has the adjudication been removed? Yes 🗌 No 🗌 Are you related to the female applicant closer than second cousin? No 📉 Yes 🗌 No 🖎 Yes 🔲 No ☑ Yes ☐ Yes 🗌 No To Yes | Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. Ogseph Unthan 6. (a) Full name of applicant's father Robert & (If adopted, list adoptive parents only)\_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court \_\_ County of \_\_\_\_\_ HENDRICKS HENDRICKS in this application is true and correct. DANVIlle IN 46127 ubscribed and sworn to before me this \_ HENDRICKS Corrue O awson Clerk of the\_ HENDRICKS OKKU O QUESON Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS HENDRICKS ID # COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued and filed in\_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_\_\_5-10-91 \_\_\_\_\_ authorizing the marriage of ROBERT E. RUSSELL, JR. \_ County, Indiana, , authorizing the marriage of \_

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

(name) certify that on 5-25-91

Jamson

HENDRICKS

\_ County, Indiana,

County, Indiana, dated \_

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

(name), certify that on \_

MINISTER

in MONROE

\_ County \_\_INDIANA

5-29-91

\_ County \_ INDIANA

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

194

HEND	RICKS County File
	5 - 13 - 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Separation or Report Dated 5-8-91 Name of Physician Separation or Report Dated 5-8-91
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Cast	Name The First Middle Shallen
Date of Birth Month Day Year    O	Date of Birth  Month  Day  Year  Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  Frevious Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Ended By:  Death  Divorce  Annulment  Date
Date of birth verified by: Birth Certificate A Other (Specify) Drivers Science	Date of birth verified by: Birth Certificate Dother (Specify) Druvers License
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes   Yes   Yes   4. Are you now under the influence of an alcoholic beverage?  No Yes   Yes   List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
6. (a) Full name of applicant's father Servania C. Sunta (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Servania Servania Applicant's mother Servania	6. (a) Full name of applicant's father Savry Wave Shallow (If adopted, list adoptive parents only).  Residence of father (if deceased, so state).  Birthplace of father (State or foreign country).  (b) Full maiden name of applicant's mother Savry (If adopted, list adoptive parents only).  Residence of mother (if deceased, so state).  Birthplace of mother (State or foreign country).  I N
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS   I swear/affirm that the information given in this application is true and correct.  Signed   New Address   919   Doubton   Dr.    Subscribed and sworn to before me this   13 th day of   HENDRICKS   19   91    Connection   Circuit Court	State of Indiana County of HENDRICKS Signed Signed Address Subscribed and sworn to before me this 13-th day of HENDRICKS Circuit Court
Carry O'Source Count of the	CHILATO THE CHILATON CONT.
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes 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 Cl	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,  Michael K. Burton
dured, dumorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Stephen Kern	(name), certify that on5-18-91
(date), at 3:30 P.M.  Michael Keith Burton of Hendricks	in Johnson County, Indiana, County Indiana (state), and
Melinda Michelle Shallefy Johnson Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Stephen H. Kern Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Connie Lawson Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

**HENDRICKS** County 5-13-91 Female Applicant 50 No 🖸 IC 31-7-9-1. Furnishing false information upon applying for license. Yes If No, Medical Examination or Report Dated
Name of Physician Dr. Edward A A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce D Date 12-90 Last Marriage Ended By: Divorce 🗌 Death Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No ☑ Yes □ Yes 🔲 1. Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗌 Yes 🗌 No No Yes 🗌 Yes 🗌 Yes 🔲 Yes 🔲 No Yes Yes 🔲 6. (a) Full name of applicant's father Charles B. Lanex Birthplace of father (State or foreign country)\_ (b) Full maiden name of applicant's mother Milored Aroves 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 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given Signed X Kernett T. orn to before me this 13 the day of Mary , 19 day of May , 19 91
HENDRICKS Circuit C Comie Trawson Clerk of the Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_ County \_ Court, by written order issued \_ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS \_ County, Indiana, dated 5-13-91 , authorizing the marriage of \_\_\_ KENNETH T. LANEY KELLIE L. ARMSTRONG . I further certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE \_\_ (name), certify that on \_\_\_\_\_\_5-13-91 (date), at \_\_\_\_\_DANVILLE \_ County, Indiana,. HENDRICKS KENNETH T. LANEY County \_\_\_\_IN\_\_ HENDRICKS \_\_(state), and \_ KELLIE L. ARMSTRONG \_ of\_ HENDRICKS \_ (state) were married by me as authorized County\_ IN HENDRICKS

\_\_\_County, Indiana, dated \_\_\_

Clerk

Circuit Court

\_ , \_IST\_DEPUTY\_CLERK\_\_\_\_ (official designation)

5-13-91 (date).

under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_

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

Signed by: /s/ CYNTHIA J. SPENCE

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

HENDI	No
N. S. V. S.	5 - 14 - 9 1  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🛛 Yes 🗆 If No, Medical Examination or Report Dated 5-10-91 Name of Physician Dr. Stegeneller
MALE APPLICANT	FEMALE APPLICANT
Name Brower t First Middle Clones	Name Jina Middle Last Sano On
Date of Birth Month Day Year	Date of Birth Month Day Year 0
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State  2832 Wissian Hills Am, Andels Mariam, IN  Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State  2.5 Suburban Dr. Danville, Hendricks, IN  Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate & Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother line of the lin
I acknowledge that I have received information regarding dangerous communicable diseases 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 5-14-91  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
State of Indiana  County of HENDRICKS  Signed HENDRICKS  New Address  New Address  I swear/affirm that the information given in this application is true and correct.	State of Indiana  County of HENDRICKS  Signed Signe
Subscribed and sworn to before me this 14 th day of May 19 9 Circuit Court  Connu Source Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:  County of	State of Indiana ) ss:  County of
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Robert Todd Cloncs
and Tina L. Langson I, Andrew J. Simkins	$\_$ . I further certify that the following marriage certificate was filed in my office: $\_$ (name), certify that on $\_$ 6-15-91
(date), at Danville	in Hendricks County, Indiana,
	County (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Andrew J. Simkins	HENDRICKS County, Indiana, dated 6-15-91  Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-18-91 (date).
	Signed Some Source Clerk  HENDRICKS Circuit Court

\_Circuit Court

HEND	No. 197
HEND	County File S-14-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🕅 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Melody Ann Rohman
Date of Birth Month Day's Year Sa	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  241 N. Washington Denville.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 5 - 8 2	Last Marriage Ended By: Death Divorce Annulment Date 5 - 18 &
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: *** Beirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes [
If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   No Yes   No Yes   Yes   No Yes   No No Yes   Yes   No N
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage?  No   Yes   [
4. Are you now under the influence of a narcotic drug?    5. List the full names of any dependent children.    Company Chan Whither	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  Yes   Yes   The full names of any dependent children.
6. (a) Full name of applicant's father Except P. Whitlow	6. (a) Full name of applicant's father 12 m. a. Rohamew
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father W.
Residence of father (if deceased, so state) Scottsfulle KY	Residence of father (If deceased, so state) Sadalunth, SIR
Birthplace of father (State or foreign country).  (b) Full maiden name of applicant's mother Supplied Country Delland	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Publical Q. Oller
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Supply 120 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 5-14-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disea that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqu immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the ab acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Signed John W. White or in the information given given given given given given given	State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this Hendricks  And this application is true and correctly the subscribed and sworn to before me this Hendricks  And the swear/affirm that the information give the same of the subscribed and sworn to before me this Hendricks  And the swear/affirm that the information give the same of the swear/affirm that the information give the swear/affirm that the swea
Clerk of the HENDRICKS Circuit Court	Mine Tours to Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 significant 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:
Father ID #  Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID # ID # , 19
Cierk	c
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, t  Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $\frac{5-14-91}{}$ , authorizing the marriage of $$	JOHN W. WHITLOW County, Indiana
and MELODY A. RORHMAN	I further certify that the following marriage certificate was filed in my offic
I, CYNTHIA J. SPENCE (date), at DANVILLE	(name), certify that on 5-21-91in HENDRICKS
	County INDIANA (state), and

County INDIANA
County INDIANA
HENDRICKS

5-21-91

MELODY A. RORHMAN 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 5-21-91

Signed by: /s/ CYNTHIA J. SPENCE 1st Deputy Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana or 5-21-91

(date).

Same on HENDRICKS

\_Clerk \_Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

of HENDRICKS

HENDRICKS

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

198

HEND.	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No D Yes   If No, Medical Examination or Report Dated  Name of Physician Control
MALE APPLICANT	FEMALE APPLICANT
Name Piace of Birth Month Day Piace of Birth (State or foreign country) Piace of Birth (State or foreign country) Residence Address Street gr. R.R. City County The County Frevious Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment Date	Name    First   Middle   G.   Deet
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  Note Yes   Yes   Yes   List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father Horvey E. Shoemaker  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state) Thomas Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Downe Suddutty  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Thomas Grand Carro  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father + Coward B. Estes  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Porold & Shoemaker  New Address  Subscribed and swofn to before me this HENDRICKS  State of Indiana  I swear/affirm that the information given in this application is true and correct.  Address  Subscribed and swofn to before me this HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn ib before me this LATA day of MAY, 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	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana   )	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #
	A marriage license having been refused to the above named parties, the
County	
RETURN OF MARRIAGE LICEN  I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of andKimberlie A. Gilbert  I, James D. Cain (date), at Brownsburg Ronald E. Shoemaker of Hendricks	SE AND MARRIAGE CERTIFICATE  Serk of the Circuit Court of HENDRICKS County, Indiana,  Ronald E. Shoemaker  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 7-20-91  in Hendricks County, Indiana,  County Indiana (state), and
Kimberlie A. Gilbert of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ James D. Cain  Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS 7 20 - 91
	Signed Connie Lawsen Clerk HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No No Yes 
If No, Medical Examination or Report Dated 5-20-85

Name of Physician Or Scott Deany

HENDRICKS

\_Circuit Court

Name   First   Middle   Cast	Date of Birth  Date of Birth  Month  Day  Year  10  Place of Birth (State or foreign country)  Residence Address  Street or R.R. City  County  State  Previous Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment Date ?— 85  Date of birth verified by: Birth Certificate Cother (Specify)  1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Warnuland
Date of Birth (State or foreign country)  Place of Birth (State or foreign country)  Residence Address	Previous Marital Status: Never Married OR No. of Previous Marriages  Previous Marital Status: Never Married OR No. of Previous Marriages  Last Marriage Ended By: Death Divorce Annulment Date ?— 85  Date of birth verified by: Birth Certificate Other (Specify) Divorce No. Of Yes If answer is "yes," has the adjudication been removed? No. Yes If answer is "yes," has the adjudication been removed? No. Yes Are you now under the influence of an alcoholic beverage? No. Yes Are you now under the influence of an arcotic drug? No. Yes Co. List the full names of any dependent children.  6. (a) Full name of applicant's father Certificate No. State No. No. Yes Co. No. Yes
Place of Birth (State or foreign country)  Residence Address  Street or R.R.  City  County  State  I S	Previous Marital Status: Never Married   OR No. of Previous Marriages 2  Last Marriage Ended By: Death   Divorce   Annulment   Date ? _ \$C  Date of birth verified by:   Birth Certificate   Divorce   Annulment   Date ? _ \$C  1. Are you now or have you ever been adjudged to be of unsound mind?   No   Yes
Previous Marital Status: Never Married   OR No. of Previous Marriages    Last Marriage Ended By: Death   Divorce   Annulment   Date    Date of birth verified by:   Birth Certificate   Other (Specify)   Drivers   Divorce   Other (Specify)    1. Are you now or have you ever been adjudged to be of unsound mind?   No   Yes   No   Yes    If answer is "yes," has the adjudication been removed?   No   Yes    3. Are you related to the female applicant closer than second cousin?   No   Yes    4. Are you now under the influence of an alcoholic beverage?   No   Yes    5. List the full names of any dependent children.   Succession   S	Previous Marital Status: Never Married  OR No. of Previous Marriages 2  Last Marriage Ended By: Death Divorce Annulment Date ? — 80  Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment  No Yes  State  Specificate In a second cousin? No Yes  Specificate In a s
Date   Divorce   Annulment   Date	Previous Marital Status: Never Married  OR No. of Previous Marriages 2  Last Marriage Ended By: Death Divorce Annulment Date ? _ \$C  Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment  No Yes  State
Date of birth verified by: Birth Certificate Other (Specify) Drivers Duckey  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes   If answer is "yes," has the adjudication been removed? No Yes   2. Are you related to the female applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes   4. Are you now under the influence of a narcotic drug? No Yes   5. List the full names of any dependent children. Successful Su	Last Marriage Ended By:  Date of birth verified by:  Birth Certificate  Divorce  Annulment  Date ? _ \$C  Date of birth verified by:  Birth Certificate  Divorce  Annulment  Date ? _ \$C  Divorce  Annulment  Annulment  Date ? _ \$C  Divorce  Annulment  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes \box  Annulment  No X  Yes \box  Annulment  No X  Yes \box  No X  Yes \box  No X  Yes
Date of birth verified by: Birth Certificate Other (Specify) Prices Success  1. Are you now or have you ever been adjudged to be of unsound mind? No Yes    If answer is "yes," has the adjudication been removed? No Yes    3. Are you now under the influence of an alcoholic beverage? No Yes    4. Are you now under the influence of a narcotic drug? No Yes    5. List the full names of any dependent children. Success Annual Succ	Date of birth verified by: Birth Certificate Other (Specify) Survers Scale  1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  (If adopted, list adoptive parents only)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Scatt Wallel  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)	If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
2. Are you related to the female applicant closer than second cousin?  No Yes   No Yes   No Yes   No Yes   No Yes   No Yes   List the full names of an alcoholic beverage?  No Yes   No	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a narcotic drug?  No Yes   No Yes   No Yes   No Yes   State   No Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Scatt Wallel (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Scott Wallel (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Sharen Christian C	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother house and hou	
(b) Full maiden name of applicant's mother Sharon ann Shartrand (If adopted, list adoptive parents only)	Contribute of lattice (State of loreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother tors and weintra
910 L C Chat.	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	AÇKNOWLEDGMENT /
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted and a list of the left sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a first of the test sites for the virus that causes AIDS (acquire
Signature of Applicant Applicant Date 5-14-91	Signature of Applicant Status Curic Date
Date 2.1	Signature of Applicant 7
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) Lswear/affirm that the information given	State of Indiana ) swear/affirm that the information give
County of	County of HENDRICKS ss: In this application is true and correct
Signed Some Some	signed & flettel Ch while
Subscribed and sworn to before me this 14 th day of Mady 19 91	New Address Subscribed and sworn to before me this 14th day of Though 19 9/
Conne Javan Clerk of the HENDRICKS Circuit Court	Connie Jawson Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	
	THE REPORT OF THE PARTY OF THE
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the Cler dated5 -  4 - 9 , authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
	. I further certify that the following marriage certificate was filed in my office
	(name), certify that on
(date), at	in County, Indiana,
	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	nty (state) were married by me as authorized  HENDRICKS County, Indiana, dated
Signed by:	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(date).

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

S-15-91

Date of Application

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

Female Applicant 50 No Yes 

If No, Medical Examination or Report Dated

Name of Physician Wm. Gulkerson, M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Michael Ivan Myers Tr.	Name Kristy Swanne Wyers
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)
IN INC.	TO
Residence Address Street or R.R. City County State  State  County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Previous marrial status. Rever married On No. 01 Previous marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2 14.91	Last Marriage Ended By: Death Divorce Annulment Date - 14-91
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes  2. Are you related to the male applicant closer than second cousin?  No 71 Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? . No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Elizabeth Rom Marie	5. List the full names of any dependent children.
Myym	
m. low. s	- D 0 K
6. (a) Full name of applicant's father Muhael 2. "Yela 21.	6. (a) Full name of applicant's father 194 8. 1/assumer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Residence of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Many Toront Wahard	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Landun 5. Maluca
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Michael I Mylish. Date 5-15-91	immune deficiency syndrome).
organization of Applicant	Signature of Applicant Tylung Date 3/10/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information given ss:
County of HENDRICKS in this application is true and correct.  Signed X Michael T Muess 1	in this application is true and correct.
New Address	Signed A Prolity A Myers
Subscribed and sworn to before me this	Subscribed and swore to before me this
Lanne Saus M Clerk of the HENDRICKS Circuit Court	Time The Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage Beans having beauty to the
County	A marriage license having been refused to the above named parties, the
and filed in authoriz	es and directs the issuance of a marriage license to the above named parties.
	and another the researce of a marriage meeting to the above married parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk 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
(dute), dl	_ in County, Indiana,
of Co	County(state), and unty(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS (state) were married by me as authorized County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	SignedClerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

**HENDRICKS** County Yes 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated
Name of Physician K. B. Oldham, M. D. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Date of birth verified by: Birth Certificate Other (Specify) Drivers Date of birth verified by: Birth Certificate Mother (Specify) Driver 3 No Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No M Yes 🗆 No Yes No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes 🗌 No 🗹 Yes 🗌 Yes 🔲 No Yes 🗌 No 🗹 gernifer Lee Smooth Kelene Mout Rash (a) Full name of applicant's father Richard Eldon Meighardt 6. (a) Full name of applicant's father Kaymons Lewis Smoot Residence of father (if deceased, so state) Milliana er (if deceased, so state) North Dakota ace of father (State or foreign country) North Dakota
siden name of applicant's mother Maclesse Faith Liville Birthplace of father (State or foreign country) Maliaga

Full maiden name of applicant's mother Driss Drisse Witcher Residence of mother (if deceased, so state) Califolnia Birthplace of mother (State or foreign country) North Dokota Birthplace of mother (State or foreign country) Kentucky ACKNOWLEDGMENT **ACKNOWLEDGMENT** immune deficiency syndromes Signature of Applicant Africaully Warde South Date 5-15-91 Signature of Applicant & Maulel Koye Kosh The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court \_\_ I swear/affirm that the information given Signed & Maurene Kayl Rash Subscribed and sworn to before me this 15 day of May 19 91

Coxpil Rauson Clerk of the HENDRICKS Circ May, 19 91 HENDRICKS Council Lawson Clerk of the\_ CONSENT OF PARENTS, PARENT, 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, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated \_\_\_\_\_\_\_, authorizing the marriage of \_\_FRANKLIN W. SMOOT \_ County, Indiana, . I further certify that the following marriage certificate was filed in my office: MAURENE K. RASH CYNTHIA J. SPENCE (name), certify that on \_ HENDRICKS DANVILLE (date), at \_ County, Indiana, FRANKLIN W. SMOOT HENDRICKS INDIANA (state), and INDIANA HENDRICKS MAURENE K. RASH (state) were married by me as authorized

County.

5-15-91

under a marriage license that was issued by the Clerk of the Circuit Court of

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

/s/ CYNTHIA J. SPENCE

County, Indiana, dated 5-15-91

Clerk

Circuit Court

, 1st Deputy Clerk (official designation)

(date).

Jamson

### STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated
Name of Physician Dr. Stege moller circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Prev Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) No No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🔲 No No Yes 🗌 Are you related to the male applicant closer than second cousin? Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🔲 Full name of applicant's father William Thomas Wyne ed, so state) Undiana may Indiana (b) Full maiden name of applicant's mother bloa Hallman relaris gean minor Residence of mother (if deceased, so state).

Birthplace of mother (State or foreign country). **ACKNOWLEDGMENT** ACKNOWLEDGMENT ledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana Say of May day of May Connu Tawson Clerk of the HENDRICKS Connu Dawson clerk of the \_ Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued \_ and filed in authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-15-91, authorizing the marriage of LLOYD E. WENGER \_ County, Indiana, PATRICIA S. . I further certify that the following marriage certificate was filed in my office: 5-29-91ROGER L. DEAN (name), certify that on MARION INDIANAPOLIS County, Indiana, County INDIANA of\_HENDRICKS LLOYD E. WENGER \_(state), and PATRICIA S. LASHBROOK of HENDRICKS INDIANA (state) were married by me as authorized nty. Indiana, dated 5-24-91 County \_\_ under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_ /s/ ROGER L. DEAN MINISTER (official designation)

5-29-91

(date).

Clerk

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

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

[일도] 12 12 12 12 12 12 12 12 12 12 12 12 12	No. <u>203</u>
HEND.	DRICKS County File
	5-16-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician K. Il Januard
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First . Middle Last	Name First & Middle Last
Date of Birth Month Quality Wear Wood	Date of Birth Moorp Tay Wear Year
Store of Birth (Party or Invaline source) 7/02/17 17 1959	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	- Sale of Billi (State of Toreign County)
Residence Address Street of R.R. Gity County State	Residence Address Street R.R. County State
Previous Marrial Status: Never Married TO No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dr Live	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No 2 Yes   5. List the full names of any dependent children.
	S. List the fall realists of any depondent difficulty.
11. 4.	n , n (m )
6. (a) Full name of applicant's father Calum Afendrum	6. (a) Full name of applicant's father Franklen T/K Ching
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Annuatory  An.	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother america farresk	(b) Full maiden name of applicant's mother Horothy Swain
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Melvin, E Zandrum Date 5-20-91	Signature of Applicant Applicant Date 5-16-91
Signature of Applicant Trocy over Date Date	Signature of Applicant Date 5-76-41
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct	State of Indiana  State of Indiana  I swear/affirm that the information given  Ss:  in this application is true and correct.
Signed Melron & Fandum	Signed X Janet III - Cling
New Address	New Address 32/2 S. Green St. Broughsburg, Ind. 46/12
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before the this day of HENDRICKS Circuit Court
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cli	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	Melvin E. Landrum
	I further certify that the following marriage certificate was filed in my office:
(date), atJamestown	(name), certify that on 6-22-91 in Boone

County \_ Indiana

Minister

County Indiana
HENDRICKS

\_(state), and \_

(official designation)

(date).

Laws on HENDRICKS

(state) were married by me as authorized

\_\_\_\_ Clerk \_Circuit Court

County, Indiana, dated 6-22-91

of\_ Hendricks

Janet K. McClung of Hendricks Count under a marriage license that was issued by the Clerk of the Circuit Court of

Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Melvin E. Landrum

Signed by: /s/ Harlan Kincade

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 Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician Dr. E. Clark
MALE APPLICANT  Name First Meddle Last	FEMALE APPLICANT  Name First Middle Last
Date of Birth Day Year	Name Bobbie Date of Birth Month Day Vegr
Place of Birth (State or foreign country)	11 11 67
Indpluding	Place of Birth (State or foreign country)  Thololo, In
lesidence Address Street or R. R. City S. M. County Field To	Residence Address G. Stort of R.R. City State In State In
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	
ate of birth verified by: Birth Certificate. Solher (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Dr. ver License
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No X Yes   Yes   Yes   Yes   No X Yes   Yes   Are you now under the influence of a narcotic drug?  No X Yes   Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Now Yes
List the full names of any dependent children. Han hambert, Joseph hambert Jr.	5. List the full names of any dependent children. Jeremy Denny,  Josop Denny
(a) Full name of applicant's father Rolla L. Lambert	6. (a) Full name of applicant's father Robert Paul Denny Sr.
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign couptsy)	Residence of father (if deceased, so state)
X (b) Full maiden name of applicant's mother DESSIE R. Goger	(b) Full maiden name of applicant's mother DOTOTHY Jean Jack
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nmune deficiency syndrome).	immune deficiency syndrome). But his 10 and
gnature of Applicant Country Date	X Signature of Applicant TUNDU NUMY Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
tate of Indiana ounty of HENDRICKS Signed Signed Cambre This application is true and correct.  New Address	State of Indiana County of HENDRICKS Signed Signed New Address
ubscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Lanie dans m Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana )  Secondary of HENDRICKS SS:	State of Indiana )  State of Indiana )  State of Indiana )  State of Indiana )
ther ID #	County of HENDRICKS
other ID #	Mother ID #
bscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19 Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
, admon2	res and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleated $\frac{5-16-91}{}$ , authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana,
ad BOBBIE A. DENNY , authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
DAVID H. COLEMAN	(name), certify that on5-17-91
date), atDANVILLE  JOSEPH A. LAMBERT of HENDRICKS	_ inHENDRICKS County, Indiana,
DODDIE & DENNY	County INDIANA (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	urity (state) were married by me as authorized
igned by: /s/ DAVID H. COLEMAN	,
ted and recorded in accordance with the laws of the State of Indiana on	5-17-91 (date).
	Simul Commit Land
<b>《松本·元子》在《新疆文》</b> 在《西·西·文·安·安·安·安·安·安·安·安·安·安·安·安·安·安·安·安·安·	UPUDDICES COLOR
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Connie Lawson Clerk

Circuit Court

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No T Yes 

If No, Medical Examination or Report Dated

Name of Physician 

Opening Annual Physician

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name — First — Middle Last — T	Name First Middle Last
James Daniel Leaver \$ Ir.	Date of Birth North Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Z.D	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married SILOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes   Yes
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father James D. Jeans Sr.	6. (a) Full name of applicant's father Philip & Ploughe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ludge Dud.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Willeam The Honell	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Camela Rosal Bassala)
(b) Full maiden name of applicant's mother \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	(b) Full maiden name of applicant's mother 1 and
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state). Page 1
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWN EDGMENT	
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome 1/6 0 116 + Talob . 511 9
Signature of Applicant A Survivor Control of Applicant A Survivor	Signature of Applicant Supplicant Date 1671
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana )	State of Indiana .) Lewyear/affirm that the information given
County of HENDRICKS ss: In this application is true and gorrect.	County of HENDRICKS ss: in this application is true and correct.
Signed Si	Signed Allah S. Dulen
New Address  Subscribed and sworn to before me this 10 day of 10 49 91	New Address 1/0 1/0 1/0 1/0
Land James Clerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this day of, 19
ASTAPANED PROFITE TO SELECT THE PROFITE TH	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 lactor made the constitute of the other parent differences	state facts which make the consent of the other parent unnecessary
State of Indiana )  SS:	State of Indiana
County of HENDRICKS	County of HENDRICKS SS:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID #
Clerk	Clerk
COMPLETE IS MARRIAGE LIGENIES ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated $\frac{5-16-91}{}$ , authorizing the marriage of ${}$	erk of the Circuit Court of HENDRICKS County, Indiana, JAMES D. LEAVER, JR
and MELISSA L. BAKER , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I,JERRY L. WILLIAMS	(name), certify that on 5-25-91
(date), at INDIANAPOLIS	_ inMARION County, Indiana,
MELISSA L. BAKER of HENDRICKS Con	County INDIANA (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty INDIANA (state) were married by me as authorized  HENDRICKS County, Indiana, dated 5-25-91
Signed by: /s/ JERRY L. WILLIAMS	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-29-91 (date).
	$\circ$
	Signed Connu Trawson Clerk

Last Marriage Ended By:

Clerk of Court \_\_\_

CONSENT OF PARENTS, PARENT, OR GUARDIAN

IC 31-7-3 commits a Class D felony.

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

Are you now under the influence of a narcotic drug?

List the full names of any dependent children. \_

Are you now under the influence of an alcoholic beverage?

ACKNOWLEDGMENT

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County norman Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_ MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Date of birth verified by: Weirth Certificate Souther (Specify) Driver's Lecense Date of birth verified by: Birth Certificate Fother (Specify) Driver's Ricense No Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No Yes Yes 🗌 No Yes No Yes Are you related to the female applicant closer than second cousin? 2. Are you related to the male applicant closer than second cousin? No 🕡 3. Are you now under the influence of an alcoholic beverage? Yes 🗌 No 🖪 No 🗹 Yes 🗆 4. Are you now under the influence of a narcotic drug? (a) Full name of applicant's father Windell Eric Mott James Earl Corver Residence of father (If deceased, so state)

Birthplace of father (State or foreign country)

Mississippi

(b) Full maiden name of applicant's mother Mianie Cora Williams ace of father (State or foreign country) Kentucky Fisher Burtha Carlina Fisher nce of mother (if deceased, so state) making Residence of mother (if deceased, so state) Mississippi Birthplace of mother (State or foreign country) Mississippi Birthplace of mother (State or foreign country) (Irkansas) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Signature of Applicant K Wendell Morris Mott Date 5-16-91 Signature of Applicant X Ingels (que Console Date 5-16-91 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above I swear/affirm that the information given State of Indiana I swear/affirm that the information given Signed & Ingela Jule Conform on 46165

New Address 7041 Pack State Rd. 75, Morth Solem, on 46165

ed and sworn to before me this 16 day of May . 1991 day of May 19 91
HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

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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 LICEI	NSE AND MARRIAGE CER	TIFICATE
I certify that there was filed in my office a marriage license issued by the dated $5-16-91$ , authorizing the marriage of		
I, HUBERT GREER	(name), certify that	following marriage certificate was filed in my office on $6-1-91$
(date), atPLAINFIELD	in_ HENDRICKS	County, Indiana,
WENDELL MORRIS MOTT of HENDRICKS	_ County _ INDIANA	(state), and
	County_INDIANA	(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court		County, Indiana, dated5-16-91
Signed by: /s/ Hubert Greer	, _Pastor	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-4-91	(date).

Clerk Circuit Court

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENL	DRICKS County File
	S-17-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ⋈ Yes □ If No, Medical Examination or Report Dated Name of Physician → → → → → → → → → → → → → → → → → → →
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)  Mabama	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. PLCity County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Bother (Specify) And TO Cook	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind?  No Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No   Yes   3. Are you now under the influence of an alcoholic beverage? No   Yes   Yes   Yes   ✓	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No Yes   Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🔼 Yes
5. List the full names of any dependent children. Alabashy Typos by the SSE 418-37.9447 3-8-90	5. List the full names of any dependent children.
6. (a) Full name of applicant's father hames warms white	Harak Sair S
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father hands above gastiato  (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) House Residence of father (State or foreign country).	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Lathy Drang Marines	(b) Full maiden name of applicant's mother Tolka Washers To Mass
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Huntaville Malane	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country).	Birthplace of mother (if deceased, so state).
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to visibilities by eath as allowed to the series of the virus that causes AIDS (acquired immune deficiency syndrome).
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 Signed Larry L. White New Address	State of Indiana  County of HENDRICKS  Signed HENDRICKS
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father 1D #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother Subscribed and sworn to before me this day of Man 1991
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in Stands Office , authorized	Court by written order issued
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE  ork of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	JERRY L. WHITE
I, DAVID H. COLEMAN	. I further certify that the following marriage certificate was filed in my office:  (name), certify that on 5-20-91
(date), atDANVILLE	in HENDRICKS County, Indiana,
REBEL L. JACKSON of MADISON Cou	inty INDIANA (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ DAVID H. COLEMAN	HENDRICKS County, Indiana, dated 5-20-91
Filed and recorded in accordance with the laws of the State of Indiana on	

\_\_\_\_ Clerk \_Circuit Court

Signed\_

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician \_\_\_\_ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriage Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Cother (Specify) Not Yes No 🖯 No Yes No 🗆 Yes 🗌 No 🖸 Yes 🔲 No 🗗 Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes No) Yes No 🖾 Yes 🗆 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father\_ Indiana ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_\_ Clerk of Court \_\_\_ HENDRICKS Subscribed and sworn to before me this HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County\_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, dated \_\_\_\_\_5-17-91 \_, authorizing the marriage of \_\_Bradley J. Brooks \_ . I further certify that the following marriage certificate was filed in my office: and \_\_\_\_\_Teresa L. Glenn 1. Rev. Richard J. Roos (name), certify that on \_ Plainfield (date), at\_ in Hendricks \_ County, Indiana, Hendricks Bradley Brooks Indiana County \_ of Marion Teresa L. Glenn Indiana (state) were married by me as authorized County\_ under a marriage license that was issued by the Clerk of the Circuit Court of \_ County, Indiana, dated \_ Signed by: /s/ Rev. Richard Roos Priest (official designation) 6-4-91 Filed and recorded in accordance with the laws of the State of Indiana on.

HENDRICKS

Circuit Court

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\_Circuit Court

No. \_\_\_\_

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ★ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated  Name of Physician — Forew John
IC 31-7-3 commits a Class D felony.	Traine of Frigorous
MALE APPLICANT	FEMALE APPLICANT
Name Scott Allen Reynolds	Name Angela Say Vernovi
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or Joreign country)
Residence Address Street or R.R. By County State  Drawnship or R.R. Drawnship or R.R	Residence Address Street or R.R. City County State
	KKI Box 2234 Pittaborn
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TQ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Spelirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗖 Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No A Yes	4. Are you now under the influence of a narcotic drug2 No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Steven & Reynolds	6. (a) Full name of applicant's father Christopher Raymond Vero
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Pattable IN	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  Sharper	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Corol Sur Hughes  (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a liet of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Date 5/17/91	Signature of Applicant X Angla J. Jecon Date 5/17/8/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
	Other County
State of Indiana state of Indiana state of Indiana	State of Indiana I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
	Signed / trapla Coscon
New Address Subscribed and sworn to before me this	New Address Subscribed and sworn to before me this day of May , 19 9
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
sale lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday 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	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	ork of the Circuit Court of HENDRICKS County, Indiana
dated, authorizing the marriage of	Scott Allen Reynolds
and Angela Gay Vescovi	I further certify that the following marriage certificate was filed in my office:
, Harold Leininger (date) at Brownsburg	(name), certify that on6-22-91
Cook Allon Downslan II 2 1 1	in Hendricks County, Indiana, (state) and
Angela Gay Vescovi	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	inty State) were married by me as authorized
Signed by: /s/ Harold L. Leininger, II	
Filed and recorded in accordance with the laws of the State of Indiana on	7-5-91 (date).

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 10 Yes   If No, Medical Examination or Report Dated  Name of Physician 10 10 10 10 10 10 10 10 10 10 10 10 10
MALE APPLICANT	FEMALE APPLICANT
Name Parist Middle Mall	Name Kathryn H. Springman
Date of Birth Month Day Year	Date of Birth Month Day Year 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State  County State	Residence Address Street or R.R. City County State  2251 R. ARing Way St. D. Sladeb.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Air.	Date of birth verified by: Birth Certificate 10 Other (Specify) Dr. Hice
Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of a narcotic drug?  No Second Se	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(if adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (if adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father through the special spe
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a lie of the test sites for the virus that eauses AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	County of HENDRICKS ss: in this application is true and correct.  Signed New Address  Subscribed and sworn to before me this day of May 19 9 1  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate 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:
father ID #	Father ID #
Subscribed and sworn to before me thisday of	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
lated, authorizing the marriage of, authorizing the marriage of	David W. Moll  I further certify that the following marriage certificate was filed in my office:
, <u>Fr. Kent Biergans</u>	(name), certify that on6-8-91
date), at Terre Haute ofHendricks	_ in Vigo County, Indiana,
Kathryn A. Springer of Marion Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Fr. Kent Biergans	
Filed and recorded in accordance with the laws of the State of Indiana on	Gigned Clerk
IOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

\_ Clerk \_Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	No
	County File
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I  If No, Medical Examination or Report Dated 5 - 20 - 91  Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name This And Schreier	Name First Middle Last Auston
Date of Birth Month Day Year  Place of Birth (State or foreign country)  Place of Birth (State or foreign count	Place of Birth
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   Yes   Yes   Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  Wisc.	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana  County of HENDRICKS  Signed Wichard Solver   New Address  Subscribed and sworn to before me this 22 day of 19 9	State of Indiana County of HENDRICKS Signed Signed Morton New Address Subscribed and sworn to before me this 22 day of 19 9
Connice Hawson Clerk of the HENDRICKS Circuit Court	Connie Jawsen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 ) ss:  County of HENDRICKS ) Ss:  Father ID #	State of Indiana ) ss:  County of HENDRICKS ) Ss:  Father ID # ID # Clerk  Subscribed and sworn to before me this day of . 19
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	THE REAL PROPERTY AND PERSONS ASSESSED.
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE  erk of the Circuit Court of HENDRICKS County, Indiana,
I certify that there was filed in my office a marriage license issued by the Cladated 5-22-91, authorizing the marriage of and Tonya J. Norton	Michael J. Schreier  I further certify that the following marriage certificate was filed in my office:
I, Thomas G. Brenton	(name), certify that on6-1-91
date), at Brownsburg  Michael J. Schreier of Hendricks  Tonya J. Norton	inHendricks County, Indiana,
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated
Signed by:/S/ Thomas G. Brenton  Filed and recorded in accordance with the laws of the State of Indiana on	

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	No No
	S 23.91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last  Last  Date of Birth Month Pay Vega Vega Vega Vega Vega Vega Vega Vega	Name  First  Onto  Date of Birth  Place of Birth (State or foreign country)  Middle  M
Place of Birth (State or foreign country)  Residence Address Street or R.R. City Country State  Previous Marital Status: Never Married A OR No. of Previous Marriages	Residence Address Street or R.B. City County State  1. 189
Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify) L. Lie	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Dother (Specify) D. J.
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
6. (a) Full name of applicant's father ARR Sprant Selface.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Selection (if adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)  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  5-22-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases 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 5/00/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed X Daniel School in this application is true and correct.  New Address 250 N. EAST ST APT *305 P.EP, IN  Subscribed and sworn to before me this 22 day of 5, 19  HENDRICKS  Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed State of New Address  Subscribed and sworn to before me this Clerk of the HENDRICKS  Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  Aday of Subscribed and sworn to before me this Subscribed and sworn to before me this Clerk of the HENDRICKS  Circuit County
CONSENT OF PARENT, OR GUARDIAN  We, the parents of 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   )	State of Indiana ) ss:  County ofHENDRICKS
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
	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cl dated	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana,  Kurt D. Schoen
and Connie Jo Kelley I, Ann Davidson	I further certify that the following marriage certificate was filed in my office: (name), certify that on6-15-91
Kurt D. Schoen of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Ann Davidson  Filed and recorded in accordance with the laws of the State of Indiana on	

\_\_\_\_ Clerk \_Circuit Court

HENL	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (Statish foreign country)  Place of Birth (Statish foreign country)  Previous Marriages  Street or R.R. City County State    Double   Divorce   Annulment   Date	Name    Piace of Birth   Month   Piace of Birth   Piace o
6. (a) Full name of applicant's father Richard Urlin Figg St.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Purall Lee Klurns  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Seura Sul Varis  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above 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  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana  County of HENDRICKS  Signed High and Correct.  New Address  New Address  Aubscribed and sworn to before me this day of HENDRICKS  Circuit Count  Circuit Count	State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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   )   SS:	State of Indiana County of HENDRICKS Sestion  Father ID #  Mother ID #  Subscribed and sworn to before me this day of , 19  Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued zes 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 C	SE AND MARRIAGE CERTIFICATE  Herk of the Circuit Court of HENDRICKS County, Indiana,
dated 5-23-91 , authorizing the marriage of _ and Julie Rae Keirns Rev. Keith Robinson	I further certify that the following marriage certificate was filed in my office:
(date), atIndianapolis	in (name), certify that on 6-15-91 in Marion County, Indiana,
Richard A. Figg, Jr. of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Keith Robinson  Filed and recorded in accordance with the laws of the State of Indiana on	diate, were married by the do dumorized

\_ Clerk Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. \_\_\_\_\_ 214

	S · 23 · 91  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the court court when the person applies for a marriage license under	Female Applicant 50 No ♥ Yes ☐ If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Cast
Date of Birth Jason Curtis Harris Day Year  Lea	Date of Birth Month Day Great
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3 Mary It. Whiteland LO	245 Crawford St. Clayton IN
Previous Marital Status: Never Marrièd D OR No. of Previous Marriages	Previous Marital Status: Never Married 10A No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 2-91
Date of birth verified by: Birth Certificate ROther (Specify)	Date of birth verified by: Birth Certificate POther (Specify) White.
1. Are you now or have you ever been adjudged to be of unsound mind? No State Yes State St	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No \( \sqrt{Y} \) Yes \( \sqrt{S} \)  3. Are you now under the influence of an alcoholic beverage? No \( \sqrt{S} \) Yes \( \sqrt{S} \)	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No  Yes  Yes  Yes  Yes  Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Dues , Sture +
	- Surastul
3. (a) Full name of applicant's father Contro Revald Harris	6. (a) Full name of applicant's father Berge & Judes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state). White land TD  Birthplace of father (State or foreign country).	Residence of father (if deceased, so state) Lauten III
(b) Full maiden name of applicant's mother South Source Minness	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Managed McMill
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Simples of motion (State of foliage country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 5/23/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  Ocunty of HENDRICKS  Signed Signe	State of Indiana County of HENDRICKS Signed Lawrette Lugars  I swear/affirm that the information given in this application is true and correct.
New Address  Subscribed and sworn to before me this 3 day of 5 19 9 \	New Address I ame as above 9
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN  Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
county of HENDRICKS ss:	County of HENDRICKS ss:
Tather ID #	Father ID #
Mother ID # Subscribed and sworn to before me thisday of 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	JASON C. HARRIS HENDRICKS County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
, JAMES R. DEVNEY	(name), certify that on 5-25-91
date), atWHITELAND  JASON C. HARRISof_ JOHNSON	_ in JOHNSON County, Indiana,
ANNETTE SUGARS of HENDRICKS Co	(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-25-91
Signed by: /s/ James R. Devney	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	5-29-91 (date).
	Signed Connie Gawson Clerk
	Signed Clerk  HENDRICKS Circuit Court

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No. \_\_\_\_

HENDRICKS

Circuit Court

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

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	PRICKS County File
	5 23 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No   If No, Medical Examination or Report Dated  Name of Physician   Howis
10 01-7-0 commits a class b leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First A Middle Last A
Date of Birth Month Day Year 70	Date of Birth  Date o
Place of Birth (State or foreign country)  2noluna	Place of Birth (State or foreign country)  Produced  Residence Address  Street or R.B.  City County 4/W State
Previous Marital Status: Never Married OR No. of Previous Marriages  County County State  County County State  Previous Marital Status: Never Married OR No. of Previous Marriages	11030 Reeves Rd Indiple Ind
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
all be	_ she ten
Are you now or have you ever been adjudged to be of unsound mind?     No    Yes	Are you now or have you ever been adjudged to be of unsound mind?     No    Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?      No Yes      No Yes      No Yes	Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a parcotic drug?  No Vee
5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug?  No Yes   S. List the full names of any dependent children.
- O - O O O O A solet	0 -1 000 2
6. (a) Full name of applicant's father Jelmin (dx Waughting (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Lowice Cellin Bob
Residence of father (if deceased, so state) - Snokana	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Problems
(b) Full maiden name of applicant's mother Karen Suil Sularing	(b) Full maiden name of applicant's mother Lyna L. Serving
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Production	(If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Sudday
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
	immune deficiency syndrome).
Signature of Applicant Zelmor Baushork - T Date 5-23-91	signature of Applicant Denise h. Boley Date 5.23
The 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 ) I swear/affirm that the information given	Con distance
County of HENDRICKS ss: in this application is true and correct.	State of Indiana  County of HENDRICKS  SS:  I swear/affirm that the information give in this application is true and correct in the correct i
New Address R.R.) Box 538 Rot 15	Signed World to Soles
Subscribed and sworn to before me this 23 day of Man, 19 7/	New Address R. R. I BON 538 hot#15 Canaby  Subscribed and sworp to before me this 23 day of man 19 91
Connie Lewisen Clerk of the HENDRICKS Circuit Court	Connicacion Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID #  Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated	rk of the Circuit Court of HENDRICKS County Indiana
and Denise Lynn Boles , authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
I,Charles Elston	(name), certify that on 6-29-91
(date), at Plainfield	in_Hendricks County, Indiana.
Zelmer Edd Daugherty, II of Hendricks  Denise Lynn Boles of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 6-29-91
Signed by: /s/ Charles Elston	
Filed and recorded in accordance with the laws of the State of Indiana on	7-3-91 (date).

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Typoda Saina
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Eric Charles Kesterson	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month 1998 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
512 Magnolia Dr. Plyd.	- Dance
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate DiOther (Specify) Dr. Risc	Date of birth verified by: Birth Certificate DOther (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No X Yes	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ✓
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No □ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No IX Yes   Solution to the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Water the second of the second	
6. (a) Full name of applicant's father Charles TasterAn	6. (a) Full name of applicant's father James Kay Dragery.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother land and house	(b) Full maiden name of applicant's mother Linda Cathonica Boo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Lautan TO	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Purc C Xesterson Date 5/33/91	Signature of Applicant X Christina & Diagon Date 5-23-91
Signature of Applicant Date 2/2017	Signature of Applicant X YUUUUMA A DUAYUN Date 5-23-11
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Xeric C. Kasterson	Signed X Christina L. Whapen
Subscribed and sworm to before me this	New Address
Subscribed and sworm to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 3 day of 1991  Clerk of the HENDRICKS Circuit Court
	One of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  LENDRICKS SS:	State of Indiana )
County of	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID #  Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LIGENICE ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties.
	A THE RESIDENCE OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PA
	SE AND MARRIAGE CERTIFICATE  HENDBICKS  County In Handbloom  HENDBICKS
I certify that there was filed in my office a marriage license issued by the Cladated	erk of the Circuit Court of HENDRICKS County, Indiana, Eric C. Kesterson
and Christina Lynn Draper	I further certify that the following marriage certificate was filed in my office:
I, Philip D. Brenneman	(name), certify that on6-1-91
(date), at Monrovia United Methodist Church Eric C. Kesterson of Hendricks	_ in _ Morgan County, Indiana,
Eric C. Kesterson of Hendricks	
Christina Lynn Draper of Hendricks Country of the Circuit Country of	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Philip D. Brenneman	County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana on_	
THE PARTY OF THE P	Signed Connie Dawson Clerk
	HENDRICKS Circuit Court

#### STATE OF INDIANA APP

MARRIAGE LICENSE
RICKS County File 5-24-71 Date of Application
Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated  Name of Physician Fames a. Myars
FEMALE APPLICANT
Name Tipe  T
Residence Address Street or P. City County  405 W. 10Ch St., Andrangolis, Handrichs, Andriana  Previous Marital Status: Never Married  OR No. of Previous Marriages

Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Presidence Address Street of Pt City County State 405 W. 10th St., Indiana City Hendricks, Midisna
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 90	Last Marriage Ended By: Death Divorce Annulment Date 1985
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Stother (Specify) Driver & License
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  Residence of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father  (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (If deceased, so state)  Birthplace of mother (If deceased, so state)  Birthplace of mother (If deceased, so state)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS   Signed   Swear/affirm that the information given in this application is true and correct.  New Address   Subscribed and sworn to before me this   day of   HENDRICKS   Circuit Court	State of Indiana  County of HENDRICKS  Signed  New Address 9405 W 1004, Indianapolica
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )  Father ID #  Mother ID #	State of Indiana   )
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19

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

and filed in\_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE \_ County, Indiana, and \_\_\_ Tina L. Buckley . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-8-91 I, Jerry Williams \_ (name), certify that on \_\_ Marion (date), at 6758 Ralston Rd. County, Indiana, of\_Marion Danny A. Mansfield County \_Indiana \_(state), and \_ Tina L. Buckley \_ of Marion County Indiana \_\_\_ (state) were married by me as authorized County, Indiana, dated \_\_\_6-8-91 HENDRICKS Minister

(official designation) 6-11-91 Filed and recorded in accordance with the laws of the State of Indiana on (date). Clerk

\_Circuit Court

## STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician \_ Davia B . Haggard IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Indiana Date 1991 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Sother (Specify) Driver's License Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ 1. Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 If answer is "yes," has the adjudication been removed? No . Yes If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 Are you related to the female applicant closer than second cousin? No 👿 Yes 🔲 No M Yes 🗌 No 🔽 Yes 🔲 Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🔲 Are you now under the influence of a narcotic drug?
List the full names of any dependent children.
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 applicant's father Steyd H. Buenques 6. (a) Full name of applicant's father Ernest E. Greeson Birthplace of father (State or foreign country) Kentucky

Full maiden name of applicant's mother Ethel M. Buckett Residence of mother (if deceased, so state) Dictases Birthplace of mother (State or foreign country) Kentucky ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases immune deficiency syndrome). Caula S. Reymolds 5-24-91
Signature of Applicant K Caula S. Reymolds 5-24-91 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court \_\_ S. Reymololo \_ day of May , 19 91 O price Lawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County . Court, by written order issued. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5-24-91 authorizing the marriage of RICHARD LEE BUMPUS \_ County, Indiana, , authorizing the marriage of \_\_\_ . I further certify that the following marriage certificate was filed in my office: 5-25-91CARLA SUE REYNOLDS DR. JOHN H. PALMER, JR (name), certify that on \_ MORGAN MARTINSVILLE (date), at\_ \_ County, Indiana, County INDIANA of HENDRICKS

HENDRICKS RICHARD LEE BUMPUS \_(state), and INDIANA CARLA SUE REYNOLDS County\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of \_ County, Indiana, dated \_ MINISTER Signed by: /s/ Dr. John H. Palmer, Jr.

5-31-91

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

\_ (official designation)

Circuit Court

HENDRICKS

(date).

Circuit Court

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County 5-24-9
Date of Application

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

Female Applicant 50 No 🛛	Yes 🗆
If No, Medical Examination or Report Dated 4-26-91	
Name of Physician Dr. Thoma	

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Que Last	Name First Middle Last Yeary
Date of Birth Day Year 0	Date of Birth Month Day Year 9
Place of Birth (State or foreign country)  There are	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street or R.R. City County State
630 5 E. 35 ON Brownshing Hendrick IN  Previous Marital Status: Never Married ON No. of Previous Marriages	Previous Marital Status: Never Married S OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Date of drift serind by. Division (species)	- Fouvers oxcense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug? No \ Yes \	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	Participant of the second of t
6. (a) Full name of applicant's father Servey Wayne Micoley	6. (a) Full name of applicant's father Donal & G., Keny
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state).	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother with the second	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother which here walken
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X ares a. M. Date 5-24-91	Signature of Applicant X Date 5-24-
	0
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana    I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given  County of HENDRICKS  in this application is frue and correct.
Signed X and a V	signed & James Rey
New Address 213 M. Con St. Danville FN	New Address
Subscribed and sworn to before me this day of Thomas 19 19 19 19 19 19 19 19 19 19 19 19 19	Subscribed and sworn to before me this 24 day of May 19 9
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana ) State of Indiana ) State of Indiana ) State of Indiana )	State of Indiana )  HENDRICKS ss:
County of IEADACAS ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladded 5-24-91 authorizing the marriage of	
dated, authorizing the marriage of and, authorizing the marriage of	James A. Nicely  I further certify that the following marriage certificate was filed in my office:
I, J. Donald Boebinger	(name), certify that on 6-1-91
(date), at White Lick Presbyterian Church James A. Nicely of Hendricks	in Hendricks County, Indiana,
Tamia M Kay	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unity (state) were married by me as authorized
Signed by: /s/ J. Donald Boebinger	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-25-91 (date).
	Signed Comme Garren Clerk
	Signed Clerk HENDRICKS Circuit Court

**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 Applicant 50 If No, Medical Examinat	No □ on or Repo	Yes □	
If No, Medical Examination or Report Dated  Name of Physician Solvent Howell M.D.			

MALE APPLICANT	FEMALE APPLICANT
Name John David Rollinghaus	Name Surger Aller Franklin
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)  Padlana	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
2344 Nowling Faxe, Millosopolis, Herdricks, Millons Previous Marital Status: Never Married OR No. of Previous Marriages 4	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 4 1990	
Date of birth verified by: Birth Certificate Souther (Specify) Driver's Lisease	Date of birth verified by: Birth Certificate Other (Specify) Driver's Ricease.
CHARLES CARRY AND TO THE PARTY OF	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No W
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No   3. Are you now under the influence of an alcoholic beverage? No   7 Yes   1
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Kuchard Kottinghaus 17	List the full names of any dependent children.
THE REAL PROPERTY OF THE PARTY	
6. (a) Full name of applicant's father Russell Fronk Kottinghaus	6. (a) Full name of applicant's father Quiacy Louise Brack
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Aldrida
(b) Full maiden name of applicant's mother Colleta Harnish Jeger	(b) Full maiden name of applicant's mother Skirley and De Mose
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Hallors	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Mullara
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: Signed Hohm Pariet Toffinghaus New Address	County of HENDRICKS ss: in this application is true and correct.  Signed Kallene Franklin
Subscribed and sworn to before me this 24 day of May, 19 91  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 24 day of May 19 91  Coxace Racusar Clerk of the HENDRICKS Circuit Country
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss.	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of19	Mother ID # ID # 19
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, John David Rottinghaus
and Susan Allene Franklin  I. William L. Tresslar	. I further certify that the following marriage certificate was filed in my office:
(date), atMartinsville	in Morgan County Indiana
	Tadiana County, Indiana,
	County (state), and unty 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 6-21-91
Signed by:/s/ William L. Tresslar	
Filed and recorded in accordance with the laws of the State of Indiana on	6-27-91 (date).
	6. 8
THE REPORT OF THE PARTY OF THE	Signed Clerk

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 5-24-9)
Date of Application

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

MALE APPLICANT

	THE RESIDENCE		
Female Applicant 50	No 🖄	Yes 🗆	
If No, Medical Examination	on or Report I	Dated 5 - 21 - 9	91
Name of Physician	L. Edum	non	to be a

FEMALE APPLICANT

Name Down Pirst Middle Hattle O.O.	Name First Middle Mie lbe
Date of Birth Month Day Year	Date of Birth Month Day Year 9
Place of Birth (State or foreign country)	Place of Rirth /State or foreign country
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
907 Craquood et. Belle New Dricher, IN	1519 James Dr. Oldfel Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Towns Towns C . 2	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Other (Specify) Druvers Tycense	Date of birth verified by: Birth Certificate Other (Specify)
	Social Security Card - 190-46-4887
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Note Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  Yes ☐  Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
0 0 111110	
6. (a) Full name of applicant's father Txavrux Curen Hatfield	6. (a) Full name of applicant's father Walter Carl Mulle, Jo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Como Sue Puttler	(b) Full maiden name of applicant's mother Beatrice Searl Smith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually fransmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome)
Signature of Applicant Date 5/24/3/	Signature of Applicant Date 5-24-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS in this application is true-and correct.	County of HENDRICKS ss: in this application is frue and correct.
Signed Signed	Signed X Mary And
New Address	New Address  Subscribed and sworn to before me this 24 day of 200 19 9 1
Communication of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 24 day of Macy, 19 9
	Olom of the Olom of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana )  County of HENDRICKS ss:
FatherID-#	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	Price of the Circuit Court of HENDRICKS County, Indiana,  Douglas E. Hatfield
and Christine Mielke	
unu	
I, John E. Noel	I further certify that the following marriage certificate was filed in my office:
I,John E. Noel (date), at Chapel Rock Christian Church	I further certify that the following marriage certificate was filed in my office:  (name), certify that on 6-29-91  in Marion
I,John E. Noel  (date), at Chapel Rock Christian Church  Douglas E. Hatfield of Marion	I further certify that the following marriage certificate was filed in my office:  (name), certify that on
I,John E. Noel  (date), at Chapel Rock Christian Church Douglas E. HatfieldofMarion Christine MielkeofHendricksCon	I further certify that the following marriage certificate was filed in my office:
I, John E. Noel  (date), at Chapel Rock Christian Church  Douglas E. Hatfield of Marion  Christine Mielke of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	
I,John E. Noel  (date), at Chapel Rock Christian Church	
I, John E. Noel  (date), at Chapel Rock Christian Church  Douglas E. Hatfield of Marion  Christine Mielke of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	
I,John E. Noel  (date), at Chapel Rock Christian Church	
I,John E. Noel  (date), at Chapel Rock Christian Church	

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. \_ 222

HENDI	KICKS County File
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician
MALE ADDITIONAL	FEMALE APPLICANT
MALE APPLICANT	No.
lame Llavid Eduard Stout	Lawn Michelle Dewels
tate of Birth Month Day Year 1970	Date of Birth Month Day Year 1970
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
residence Address Street or R.A. Scity County State 46/58	Residence Address Street or R.R. City County (State
119 Surner Rd., Thooresvelle	5503 E. Maple Manville Str. 4402
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
eate of birth verified by: Birth Certificate Other (Specify) Lariculus License	Date of birth verified by: Birth Certificate Other (Specify) Lowers Richard
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "ves." has the adjudication been removed?  No Yes
If answer is "yes," has the adjudication been removed?  No Yes  No Yes  No Yes  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
Are you now under the influence of an alcoholic beverage?  No P Yes	3. Are you now under the influence of an alcoholic beverage?  No  Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No — Yes —
5. List the full names of any dependent children.	5. List the full names of any dependent children.
- Hore,	Hone
6. (a) Full name of applicant's father blove See Stout	6. (a) Full name of applicant's father of array blean blewels
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Shilling Rightplace of father (State or foreign country) Au Li Ona
Birthplace of father (State or foreign country)	Holia Part William
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date X5-24-9	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address X 6 408 Maidstone Apt 246 Frages	46254 Signed X LOWN WILLE (1) New Address X 6408 MAIDSTONE APT 246 INCIPLS 462
Subscribed and sworn to before me this 2 + Cheday of May 2 4, 19 91  HENDRICKS Circuit Court	Subscribed and sworn to before me this 3 4 day of 1991  Comment Sauce Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  HENDRICKS SS:	State of Indiana )  HENDRICKS ss:
County of HENDRICKS	County or
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	zes 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 Cl	SE AND MARRIAGE CERTIFICATE  lerk of the Circuit Court of HENDRICKS County, Indiana,
lated, authorizing the marriage of	David Edward Stout
andDawn Michelle Dewees	I further certify that the following marriage certificate was filed in my office:
I, Richard E. Hamilton	
(date), atIndianapolis ofMorgan	inMarion County, Indiana, CountyIndiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Richard E. Hamilton	f
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	Signed Clerk HENDRICKS Circuit Court
	Circuit Court

**HENDRICKS** County Female Applicant 50 No 🗵 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Edwards Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Bear 68 99 Bray Rl. Moores 5987 Williams Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗌 No Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗌 Yes 🔲 No D No. Yes 🔲 Yes 🗌 No K Yes 🔲 Yes 🗌 No 🛛 Yes 🗌 Yes 🔲 John Bernard Harmon alabama Birthplace of mother (State or foreign country)\_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information day of Apo , 19 91 HENDRICKS Connie Franson Connie Trawson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, 5-28-91 , authorizing the marriage of \_ William B. Harmon . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-15-91and Marcia E. Beard
I, Jack W. Elliott, Jr (name), certify that on (date), at \_\_\_ Mooresville Morgan County, Indiana, William B. Harmon Indiana Hendricks (state), and County Marcia E. Beard Morgan Indiana (state) were married by me as authorized County\_ County, Indiana, dated \_ under a marriage license that was issued by the Clerk of the Circuit Court of Pastor Signed by: /s/ Jack W. Elliott, Jr. (official designation) 6-26-91 Filed and recorded in accordance with the laws of the State of Indiana on (date).

> Dawson Clerk HENDRICKS Circuit Court

Clerk of Court

Form Prescribed By Indiana State Board of

### STATE OF INDIANA

	MARRIAGE LICENSE  No. 224
HEND	ORICKS County File
	S - 28 - 51  Date of Application
31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ⅓ Yes □ If No, Medical Examination or Report Dated
rcuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Name of Physician Stagemalla
MALE APPLICANT	FEMALE APPLICANT
ne First Middle Last	Name First Middle Last
e of Birth Month Har old Wilson Year	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
416 D. Penter St. #19 Payd.	E Same
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or house you ever hope adjudged to be of uncound mind?  No. 7	
Are you now or have you ever been adjudged to be of unsound mind?  No Yes  If answer is "yes," has the adjudication been removed?  No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  Yes   If answer is "yes," has the adjudication been removed?  No   Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?  No Yes  List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.   1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	The same of any dependent difficient.
(a) Full name of applicant's father Harold Wilson	6. (a) Full name of applicant's father Youngth & Chapman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Mt. Jan Allumi	Residence of father (If deceased, so state) Dupto Illums
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sulva Year Brangon  (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Several North Nor
Residence of mother (if deceased, so state) Waltada Spring Colorado	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
knowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
une deficiency syndrome).  August H. Wilson Date 5/28/91	Signature of Applicant Louis Chapmarate May
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
owledgment because of religious beliefs.  of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
	Clerk of Court Date
of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
Signed A Chad to William	County of HENDRICKS in this application is true and correct.
New Address	New Address
cribed and sworn to before me this day of	Subscribed and sworn to before me this
Clerk of the Directo Circuit Court	Clerk of the HENDRICKS Circuit Court
SENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	- The state of the state partition of the state of the st
of Indiana )  HENDRICKS SS:	State of Indiana )  HENDRICKS SS:
ty ofHENDRICKS	County of
r	Father ID # Mother ID #
cribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	a marriage license having been refused to the above named parties, the
I filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS rtify that there was filed in my office a marriage license issued by the Cle	
d	Chad Harold Wilson
Teri L. Chapman George Plasterer	. I further certify that the following marriage certificate was filed in my office:
e), at Plainfield	(name), certify that on6-1-91 in Hendricks County, Indiana
01 2 11 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	_ innendricks County, Indiana, CountyIndiana (state), and
Teri Lynn Chapman of Hendricks Cou	unty Indiana (state) were married by me as authorized
er a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-1-91
d and recorded in accordance with the laws of the State of Indiana on	
of the state of maintain on	(aute).
	Signed Cornie Lawson Clerk
FORMS - SYSTEMS 1-800-386-8702 1477	HENDRICKS Circuit Court

Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County

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

Female Applicant 50 No A Yes If No, Medical Examination or Report Dated Name of Physician Yes □

MALE APPLICANT	FEMALE APPLICANT
Name Harold D. Middle Williams	Name Shirley Andle McKinney
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  R. Box 127 B Stubestrille And
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 11 80	Last Marriage Ended By: Death Divorce Annulment Date 3 - 88
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cher (Specify)
page or print, serimen ph. Print, certificate physical (observity)	page or print, seriments in Transfer (observity) PU VIV
Are you now or have you ever been adjudged to be of unsound mind?     No    Yes	Are you now or have you ever been adjudged to be of unsound mind?  No Yes   If answer is "yes," has the adjudication been removed?  No Yes   Yes   Yes
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  1. Audillo Muhallo  1. Audillo   4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	
5. (a) Full name of applicant's father ( ) ( ) ( ) ( ) ( ) ( )	6. (a) Full name of applicant's father Randadall (1) Wagaran
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Sudges Ind	Residence of father (if deceased, so state) Language Ind
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Thom the ground the full adopted, list adoptive parents only)
Residence of mother (if deceased, so state):	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS Signed  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana	Immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this day of 1, 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:	County of HENDRICKS SS:
FatherID #	- Father ID #
MotherID #	MotherID #
Clerk	Cler
County	A marriage license having been refused to the above named parties, the  Court, by written order issued  Too and directs the issuence of a marriage license to the above named parties.
, authoriz	zes 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 Cl dated 5-28-91, authorizing the marriage of	David H. William
and Shirley A. McKinney	I further certify that the following marriage certificate was filed in my office
I, Dan J. Smetzer (date), at Hendricks	(name), certify that on6-1-91in_Hendricks
David H. William of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Dan J. Smetzer	F
Filed and recorded in accordance with the laws of the State of Indiana on_	6-3-91 (date).
	0.9
	Signed Clerk
	HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

5-28-91

Date of Application

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

Female Applicant 50 No 🗆 Yes 🗆
If No, Medical Examination or Report Dated
Name of Physician Apple Review

A TATA TO COMMING A CIACO D TOTALLY.	
MALE APPLICANT	FEMALE APPLICANT
Name Datrick Welliam O'Meal	Name Pirst Dawn Mullias
Date of Birth Month Day 1968	Date of Birth Month Day Year 1973
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
2191 Broyles Pa., Planfield , Hendricks, Indiana	2141 Broyle Kd., Planfella, Llendrisks Indiana
Previous Marital Status: Never Married On No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Pother (Specify) Drivel's Ricerse	Date of birth verified by: Weith Certificate Wother (Specify) Driver's Ricease
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ■	Are you now or have you ever been adjudged to be of unsound mind?  No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
3. Are you now under the influence of an alcoholic beverage? No   Yes   4. Are you now under the influence of a narcotic drug? No   Yes   Yes	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father All William O'New	6. (a) Full name of applicant's father Stinist Carl Mullins
6. (a) Full name of applicant's father Active College Office (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father fallow Cover (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Military
Birthplace of father (State or foreign country) Hadlasa Chantas	Birthplace of father (State or foreign country) Virginia  (b) Full maiden name of applicant's mother. Plantic Variety Pleasant
(b) Full malden name of applicant's mother ( Carriago	(b) Full maiden name of applicant's mother. Statuse yard Fileasant  (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiget
Birthplace of mother (State or foreign country) Maliana	Birthplace of mother (State or foreign country) Virginia
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed K POLITICK W O MORE  New Address  Subscribed and sworn to before me this  Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  County of HENDRICKS  Signed Mandala Signed Court  New Address  Subscribed and sworp to before me this Advanced and sworp to before me this Advanced Clerk of the HENDRICKS  Clerk of the HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )
County of	County of HENDRICKS SS:
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, aution2	to and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded 5-28-91 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
, duntorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Phillip R. Bilyeu	(name), certify that on5-31-91
(date), at Danville	_ in _ Hendricks County, Indiana,
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ Rev. Phillip R. Bilyeu	
Filed and recorded in accordance with the laws of the State of Indiana on	6-4-91 (date).
	. Can' 9
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Annulment Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗌 Not Yes 🔲 No Yes Yes 🔲 No 🗆 No Yes No D Yes 🗌 No Yes No D Yes 🗌 No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court \_ HENDRICKS Signed Claudia Brown HENDRICKS HENDRICKS Chine Famo, Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant; hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS Lawson COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County\_ Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 5/28/9/, authorizing the marriage of Herasto Gala. \_ County, Indiana, Herasto Galarza , authorizing the marriage of \_ Claudia Brown I further certify that the following marriage certificate was filed in my office: I, Michael J. Thurmond (name), certify that on \_

Hendricks

HENDRICKS

County Indiana

6-3-91

Pastor

County\_Indiana

County, Indiana,

County, Indiana, dated

trauson

HENDRICKS

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Plainfield

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: \_\_\_\_/s/ Michael J. Thurmond

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

Herasto Galarza

Claudia Brown

of\_Saint Lucie

of Hendricks

### STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR I	MARRIAGE LICENSE
HEND.	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗵 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name James Edward Scott	Name First AMiddle Ross
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 80'	Last Marriage Ended By: Death Divorce Annulment Date 85
Date of birth verified by: Birth Certificate Chother (Specify)	Date of birth verified by: Birth Certificate Dicther (Specify) Date
1. Are you now or have you ever been adjudged to be of unsound mind?  1. Are you now or have you ever been adjudged to be of unsound mind?  1. No Yes   1.	1. Are you now or have you ever been adjudged to be of unsound mind?  No Yes  If answer is "yes," has the adjudication been removed?  No Yes
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No No Yes  Yes  Yes  Yes	3. Are you now under the influence of an alcoholic beverage? No 4. Are you now under the influence of a narcotic drug? No 7. Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father water than the second of the seco	6. (a) Full name of applicant's father Soul fee Noss
(If adopted, list adoptive parents only) With 2 2 8 8 1.	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Many Who. Torsand  (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Wildred Aguing None
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  One of the control of th
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).  Signature of Applicant  Date 5-28-81	immune deficiency syndrome).  Signature of Applicant   Signature of Applicant   Date 5-29-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given ss:	State of Indiana ) I swear/affirm that the information given SS:
County of HENDACES in this application is true and correct.	County of HENDRICAS in this application is true and correct.  Signed Signed Ross
New Address Subscribed and sworn to before me this 29 day of Way, 19 91	New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )  HENDRICKS SS:
County of HENDRICKS )  Father ID #	County of iss:
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE  SERVE OF the Circuit Court of HENDRICKS Court In History
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of, authorizing the marriage of,	James E. Scott — HENDRICKS County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
(date), at Home/Clayton	(name), certify that on 6-8-91 in Hendricks County, Indiana,
James E. Scott of Hendricks	County Indiana (state), and
Lori A. Ross of Hendricks Con under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized
Signed by:/s/ Rev. Harry Kieninger	Teacher & Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6-11-91 (date).

Circuit Court

(date), at \_\_\_

Bruce C. May

Sheryl A. Depew

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗵 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician M IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth Never Married Never Married OR No. of Previous Marriages Previous Marital Status: Date 81 Divorce D Annulment Divorce 1 Last Marriage Ended By: Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Dother (Specify) Date of birth verified by: Birth Certificate Cher (Specify) No A Yes Yes 🗌 No 🗌 Yes 🗌 No 🗌 Yes 🔲 No D Yes 🗌 Yes 🔲 No D Yes 🗌 No 🛛 Yes 🗌 Yes 🗌 Yes 🔲 No M No D Birthplace of mother (State or foreign country)\_ Birthplace of mother (State or foreign country)\_\_\_ Muxe ( The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given in this application is true and correct. day of Man day of Trans CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS \_ County, Indiana, 5-29-91 dated \_ , authorizing the marriage of \_\_\_\_Bruce C. May . I further certify that the following marriage certificate was filed in my office: 6-15-91Sheryl A. Depew James D. Spencer \_ (name), certify that on \_ Plainfield Hendricks

of\_\_\_Hendricks

\_of\_ Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of \_

/s/ James D. Spencer Filed and recorded in accordance with the laws of the State of Indiana on\_ County, Indiana,

Plainfield Town (official designation)

(date).

\_(state), and .

\_County, Indiana, dated \_\_6-15-91

(state) were married by me as authorized

Clerk

Circuit Court

County \_Indiana

County\_Indiana

6-19-91

Signed

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	5-29-91  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes   If No, Medical Examination or Report Dated  Name of Physician
MALE ADDITIONAL	EEMALE ADDITIONAL
MALE APPLICANT  Name A First Middle Last	FEMALE APPLICANT  Name First Middle Last A
Date of Birth Day Wei Charner 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
YO2 W. Marion St. Danville, Hendricks, In. Previous Marital Status: Never Married OR No. of Previous Marriages	2333 W. QQ. 50 S. Danville, Hindricks, IN Previous Marital Status: Never Married Q OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License.	Date of birth verified by:   Birth Certificate   Other (Specify)   Sirth Certificate
Birth Certificate	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?  No.  No.  Yes.
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No  Yes ☐  3. Are you now under the influence of an alcoholic beverage? No  Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes   3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No S. Yes	4. Are you now under the influence of a narcotic drug? No Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Devose Thichael Weilhamer	6. (a) Full name of applicant's father anthony d. Steinmetz
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Betty Jane Hoxons	(b) Full maiden name of applicant's mother Down K, Cooley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
	Shapace of money (cate or long).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date
State of Indiana  I swear/affirm that the information given  Ss:  in this application is true and correct.	State of Indiana ) I swear/affirm that the information given County of HENDRICKS   In this application is true and correct.
Signed Signed	Signed Michella Steinmit
New Address Same as Whore, Subscribed and sworn to before me this 29th day of Than, 19 91	New Address  Subscribed and sworm to before me this 29-46 day of Though, 19-91
Conne Sauson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 29-46 day of Though, 19-91  Connic Statute of the HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OF CHARMAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )	State of Indiana )
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	George M. Weilhamer
and	. I further certify that the following marriage certificate was filed in my office:
(date), at Mary Queen of Peace	in (name), certify that on
George M. Weilhamer of Hendricks	County Indiana (state) and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Father C.S. Chesebrough	Bastor County, matana, datea
Filed and recorded in accordance with the laws of the State of Indiana on	$\begin{array}{c} -10-91 \\ \hline \end{array} \qquad (date).$
	$\sim$ . $\mathcal{A}$
The state of the s	Signed Clerk
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR	121
HEND	RICKS County File
	5 29 91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No 15 Yes  If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
lame First Middle CLast	Name Deborah Ann Parter - Box
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.A. City & County State  State No. 16. Rd. 850 W North July 200	Residence Address Street or R.R. City County State
revious Marital Status: Never Married (D) OR No. of Previous Marriages	Previous Marrial Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 9 - 20
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind? No 14 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind?     No ☑ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?  No Ves  Ves  Ves  Ves  Ves  Ves  Ves  Ves	2. Are you related to the male applicant closer than second cousin?  No  Yes   3. Are you now under the influence of an alcoholic beverage?  No  Yes
Are you now under the influence of an alcoholic beverage?  Note: Yes: Yes: Yes: Yes: Yes: Yes: Yes: Ye	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
List the full names of any dependent children.	5. List the full names of any dependent children.
	THE RESIDENCE OF THE PROPERTY OF THE PARTY O
(a) Full name of applicant's father Whalle D. Price	6. (a) Full name of applicant's father land a. Laster
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state), Wesseland,	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Charles (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother \( \)
Residence of mother (if deceased, so state) 1 1 2 2 2 2 2 2	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseas
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).	that are sexually*transmitted, and a list of the test sites for the virus that causes AIDS (acquir immune deficiency syndrome).
Signature of Applicant X Joe Price Date 5/9/9/	Signature of Applicant & Deborah and Boxland 5/39
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 aboacknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information gives the swear of HENDRICKS ) ss:
Signed X Gol Price in this application is true and correct.	County of HENDRICKS in this application is true and corre
New Address	New Address  Subscribed and sworn to before me this  Aday of May 1991
Subscribed and sworn to before me this 29 day of Moy , 19 9 Circuit Court  Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENT, OR GUARDIAN	CONSTITUTO DEPOSITO DEPOSITO DO CUEDOUM
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of ID #	County of HENDRICKS ss:
Aother ID #	Father ID #  Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana
dated, authorizing the marriage of	Joe Price
Rev. Arthur L. Thomas	$\_$ . I further certify that the following marriage certificate was filed in my office $6-15-91$
date), atJamestown	_ in County, Indiana,
Joe Price of Hendricks	County Indiana (state), and

County Indiana
t of HENDRICKS

Minister

Signed Cornie

\_\_\_\_ (state) were married by me as authorized \_\_\_\_ County, Indiana, dated \_\_\_ 6-15-91

\_\_\_\_ Clerk \_Circuit Court

(official designation)

Fauren HENDRICKS

Deborah Ann Bonham of Marion Cou under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: \_/s/ Rev. Arthur L. Thomas

Filed and recorded in accordance with the laws of the State of Indiana on 6-21-91

Form Prescribed By

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

## STATE OF INDIANA

Health under Authority of IC 31-7-3  APPLICATION FOR	MARRIAGE LICENSE
HEND	No
	5-30-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No S Yes  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Prist Middle Last	Name First Middle Last
Date of Birth Month Day Year 10 49	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.A: City County State	Residence Address Street or R.R. City County State  RR Bay 47 Jamestown IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 90	Last Marriage Ended By: Death Divorce Annulment Date 83'
Date of birth verified by: Birth Certificate BOther (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ■	Are you now or have you ever been adjudged to be of unsound mind?     No   ✓ Yes  ✓
If answer is "yes," has the adjudication been removed?  No □ Yes □  Are you related to the female applicant closer than second cousin?  No □ Yes □	If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?  No Yes   List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No Yes
o. List the full frames or any dependent difficient.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father 1 20th of E. Shook	1 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. (a) Full name of applicant's father Country (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) higher lines.	Residence of father (if deceased, so state) They ale
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Solves R. Solves	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother with a shape to be
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Paymod E. Slak Date 5-30-91	immune deficiency syndrome). Signature of Applicant Yamelay Journal Date 05:30
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  I swear/affirm that the information given  ss:  (in this application is true and correct.)	State of Indiana ) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed X togral & Shok	Signed Danelay Cornwell
New Address  Subscribed and sworn to before me this 30 day of 5 , 19 9 1	New Address Subscribed and sworp to before me this 30 day of 5, 19 9
Three Land Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONCENT OF DADENT OF CHARDIAN	CONSTITUTE DISTRICT OF SUPERIOR
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	MotherID #Subscribed and sworn to before me thisday of19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	Raymond E. Shook
I, David H. Coleman	I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-26-91
(date), atDanville	in Hendricks County, Indiana,
Raymond E. Shook of Hendricks  Tamela J. Cornwell of Hendricks Con	County Indiana (state), and unty 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 6-26-91
Signed by:/s/ David H. Coleman  Filed and recorded in accordance with the laws of the State of Indiana on	, Judge (official designation) (date).

\_\_ Clerk Circuit Court

Connie Lawson HENDRICKS

Circuit Court

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

**HENDRICKS** County

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

Female Applicant 50 No Yes
If No, Medical Examination or Report Dated
Name of Physician Or, Cooler

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last & Williams	Name First Middle Last Wilson
Date of Birth Month Day Year	Date of Birth Month Day Year 5 15 56
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Hesidence Address Street or R.R. City County State 461 Donalas Et Brownstrus Hendrick Indian	Residence Address . Street or R.R. City County State 901 Winding Brook E. Or, Ogt. C Judgle, Markon, S
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10/80	Last Marriage Ended By: Death Divorce Annulment Date 10 - 90
Date of birth verified by:   Birth Certificate   Other (Specify)   Drivers License	Date of birth verified by: Birth Certificate Sther (Specify) Drivers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children. Theole Fune Williams,  Tothur David Williams, Wargard Janelle	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  S. List the full names of any dependent children.
6. (a) Full name of applicant's father Solvert Williams  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)	6. (a) Full name of applicant's father Else Bryant Condensor (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Wilma Thory Bowell  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	(b) Full maiden name of applicant's mother Tharyoric Jordan (If adopted, list adoptive parents only)  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).  Signature of Applicant  Date 5/30/9/	I acknowledge that I have received information regarding dangerous communicable diseases 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 5/30/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Signed Signed Address  New Address  Subscribed and sworn to before me this 30 th day of HENDRICKS  Clerk of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed Signed Signed Some Subscribed and sworn to before me this 30 to day of HENDRICKS  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 )  Father ID #  Mother ID #  Subscribed and sworn to before me this day of , 19  Clerk	State of Indiana ) ss:  County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of and	erk of the Circuit Court of HENDRICKS County, Indiana, Lawrence B. William
I, Sam Harrington	I further certify that the following marriage certificate was filed in my office:  (name), certify that on $\frac{6-2-91}{}$
(date), at Indianapolis Lawrence B. Williams of Hendricks	_ inHendricks County, Indiana,
Janice C. Wilson of Marion Counter a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized
Signed by: /s/ Sam Harrington Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation) 6-10-91 (date).
	Signed Comis Sauren Clerk HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No
	S - 30 · 91  Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No S Yes  If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Ros Saldana
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 Q OR No. of Previous Maritages	Previous Marital Status: Never Married SOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Stother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No   Yes  Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes  Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No  Yes   2. Are you related to the male applicant closer than second cousin?  Yes  Yes  Yes
3. Are you now under the influence of an alcoholic beverage?  No   Yes  Yes	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No 🖫 Yes 🗆	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Notest Caynond Lefer	6. (a) Full name of applicant's father Symme of Saldana
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother tatheris Who Kuh	(b) Full maiden name of applicant's mother Shaan Eller Cice
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  ACKNOWLEDGMENT  Lacknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed  I swear/affirm that the information given this application is true and correct.	State of Indiana  County of HENDRICKS ss: in this application is true and correct.  Signed Handle Roll Salda Roll
Subscribed and sworn to before me this 30 day of 5, 19 91  Clerk of the HENDRICKS Circuit Court	New Address 326 S. Dree St 18' burg Subscribed and sworn to before me this 30 day of May 19 9 19  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:	State of Indiana )
County of HENDRICKS ) Father ID #	County of HENDRICKS SS.
FatherID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the  Court, by written order issued
and filed in, authoriz	es 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 Cl	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of HENDRICKS County, Indiana,  Mark & Kingfor
dated, authorizing the marriage of andLaurie R. Saldana	I further certify that the following marriage certificate was filed in my office:
I, Rev. Daniel B. Donottoo	(name), certify that on6-8-91
(date), atBrownsburgof_ Hendricks	in Hendricks
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-8-91
Signed by:/s/ Rev. Daniel B. Donotto Filed and recorded in accordance with the laws of the State of Indiana on	

\_\_\_\_ Clerk \_Circuit Court

#### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	RICKS County File
	5.30.91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No P Yes   If No, Medical Examination or Report Dated  Name of Physician
10 31-7-3 commits a class D leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Michelle Suzana Hall
Date of Birth Month Day 1995	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. A City County State
Same >	3950 N. 1000 & Irailor 82 B'burg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate QOther (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   Yes	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?  No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No TYES  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Yes	Are you now under the influence of an alcoholic beverage?      No Yes      No Yes      No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Welling Paule, June 1
6. (a) Full name of applicant's father Consultant Consultant Egyptic	6. (a) Full name of applicant's father formy Joseph Hall
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Sundyn Springate	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother State Stat
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) duling to
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually*transmitted, and a list of the test sites for the virus that causes AIDS (acqui
Signature of Applicant Land J. Lager Date May 309	Signature of Applicant Allichell S. Tell Date May 19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verify the above applicant has been applicant has be
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana ) I swear/affirm that the information given county of HENDRICKS ss: in this application is true and correct.	State of Indiana ) I swear/affirm that the information gives the second of the second
Signed X Chris J. Egges	Signed Michelle J. The
New Address	New Address
Subscribed and swom to before me this 30 day of 5, 1991  There are Circuit Court  Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Co
3,000,000,000	Order of the Order of
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary
State of Indiana )  Countried HENDRICKS ss:	State of Indiana )
County of	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana
dated, authorizing the marriage of	Christopher J. Eggers

\_, authorizing the marriage of \_\_\_\_Christopher J. Eggers

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

in Hendricks

\_ County \_\_ Indiana

, Minister 6-1-91

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

(name), certify that on 6-1-91

(date).

\_ County, Indiana,\_

\_(state), and \_

\_ (official designation)

County, Indiana, dated 6-1-91

(state) were married by me as authorized

\_ Clerk Circuit Court

Michelle S. Hall Rev. Ray E. Rush

Christopher J. Eggers of Hendricks

Signed by: /s/ Rev. Ray E. Rush

under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_

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

\_ of Hendricks

(date), at Plainfield

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

Michelle S. Hall

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

236

<u>HEND</u>	County File
	5 - 30 - 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ☒ Yes ☐ If No, Medical Examination or Report Dated 3-11-91 Name of Physician ⚠ P. Voss, M. D.
MALE APPLICANT	FEMALE APPLICANT
Namo Eiret Middle Last	Name First Middle Last
David M. Datton Day Year	Date of Birth Month Day Year
9 6 68	3 29 71
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Wishipan
Residence Address Street or R.R. City County State 9735 E, 1000 N. Brownshua, Hendricks, Fr.	Residence Address Street or R.R. City County State
9735 E, 1000 N Orownstrug, Kendrudes, On .  Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Previous marital Status: Never married W OH No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Nowers Sucense	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Scence
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Not yes  Not yes  Not yes  Are you now under the influence of an alcoholic beverage?  Not yes  Not yes  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.  Clist the full names of any dependent children.  Clif adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date	1. Are you now or have you ever been adjudged to be of unsound mind?    If answer is "yes," has the adjudication been removed?   2. Are you related to the male applicant closer than second cousin?   3. Are you now under the influence of an alcoholic beverage?   4. Are you now under the influence of a narcotic drug?   5. List the full names of any dependent children.
Clerk of Court Date	Clerk of Court Date
State of Indiana  County of HENDRICKS   ss   swear/affirm that the information given betting application is true and correct.  Signed   Subscribed and sworn to before me this   Subscribed and sworn to before me this   HENDRICKS   19   10   10   10   10   10   10   10	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 30 day of 110 day 19 9   Connice Sawson Clerk of the HENDRICKS Circuit Count
COMPENT OF PAPENTS PAPENT OF CHARMAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana ) County of HENDRICKS ss:	State of Indiana )  County of HENDRICKS ss:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
COMPLETE IE MARRIAGE LICENSE ISSUED BY OPDER OF COURT A	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	Price of the Circuit Court of HENDRICKS County, Indiana,
I, Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office: (name), certify that on 5-31-91
(date), at Danville	in Hendricks County, Indiana.
David M. Dotson of Hendricks	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Cynthia J. Spence	
Filed and recorded in accordance with the laws of the State of Indiana on	5-31-91 (date).
	Signed Connie Franson Clerk
BOYCE FORMS + SYSTEMS 1400-3824702 1477	HENDRICKS Circuit Court

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County -30-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician \_\_\_\_ James IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of birth verified by: Birth Certificate Fother (Specify) Date of birth verified by: Birth Certificate Tother (Specify) Drivers Recense No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🗌 Yes 🔲 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No No F Yes 🔲 No 🖭 Yes 🔲 No 🗹 Are you now under the influence of an alcoholic beverage? Yes 🔲 No Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. \_\_\_ 6. (a) Full name of applicant's father Richard & Carabra (a) Full name of applicant's father Charles & O'Bries Birthplace of father (State or foreign country) Allxois
(b) Full maiden name of applicant's mother Charlotte M. Dervardes father (State or foreign country) Maryland name of applicant's mother Selvies C. Theod ce of mother (if deceased, so state) Moliona Birthplace of mother (State or foreign country) Massekusetts ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases J. Caraboa Signature of Applicant X Thomas The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court \_\_\_ I swear/affirm that the information given HENDRICKS apenood Dr. Plainfield, Indian Holbs Course howson clerk of the HENDRICKS CONSENT OF PARENTS PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, State of Indiana HENDRICKS HENDRICKS

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

\_ County, Indiana, , authorizing the marriage of \_ and Virginia Marie Holt . I further certify that the following marriage certificate was filed in my office: I, Richard M. Givan (name), certify that on \_ Plainfield Hendricks County, Indiana, of Hendricks County \_\_Indiana Thomas James Caraboa (state), and Virginia Marie Holt Clay Indiana of\_ (state) were married by me as authorized County. HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated \_ /s/ Richard M. Givan Justice, Indiana (official designation) Supreme Court Filed and recorded in accordance with the laws of the State of Indiana on\_

> Clerk HENDRICKS Circuit Court

(date).

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

238

Circuit Court

HEND.	RICKS County File
	5-30-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated  Name of Physician Asseph Kerlin, m. P.
MALE APPLICANT	FEMALE APPLICANT
Name Shaware Lie Christ	Name First Middle Last Middle
Date of Birth  Date of Birth  Day  Vear  18  1969	Date of Birth Month Day Year O 2 1969
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 3042 arana woods Ct. Indianavia Marion, Indiana	Residence Address Street or R.R. City County State Indiana
Previous Marital Status: Never Married ON No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:   Birth Certificate   Wother (Specify)   Drivers   Liverse	Date of birth verified by: Birth Certificate Tother (Specify) Driver's Ricerse
Are you now or have you ever been adjudged to be of unsound mind?  No  Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No   Yes   3. Are you now under the influence of an alcoholic beverage? No   Yes   Yes □
Are you now under the influence of an alcoholic beverage?      No Yes       Yes       No Yes       No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
THE REPORT OF THE PARTY OF THE	
6. (a) Full name of applicant's father Ronald L. Christ	6. (a) Full name of applicant's father Visualdia 9. Irbe
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  **Production**	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Pullage	Birtholace of father (State or foreign country) Lature
(b) Full maiden name of applicant's mother Vicki L. Cannon	(b) Full maiden name of applicant's mother Leak D. Reldel
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date 5 30 9/	I acknowledge that I have received information regarding dangerous communicable diseases 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 Lah Michell Sage 3-30-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed Management of the Hendricks of the Hendricks  New Address  Subscribed and sworn to before me this day of Hendricks of the Hendrick of the	State of Indiana  County of HENDRICKS   Ss:  Signed X Slah Michell A. This application is true and correct.  New Address 3072 aragin about et. Aragin, In 46219  Subscribed and sworn to before me this day of May 19 91  Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  Country of HENDRICKS ss:	State of Indiana )  HENDRICKS ss:
FatherID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded 5-30-91 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
, wanter to the marriage of _	I further certify that the following marriage certificate was filed in my office:
I, Rev. Martins Irbe	(name), certify that on $6-1-91$
(date), at Latrian Ev. Lutheran Church Shawn Lee Christ of Hendricks	inMarion County, Indiana, CountyIndiana (state), and
	unty Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 6-1-91
Signed by:/s/ Rev. Martins Irbe Filed and recorded in accordance with the laws of the State of Indiana on	$ \underbrace{-, \frac{Pastor}{6-10-91} }_{\text{(date)}} \underbrace{\text{(official designation)}}_{\text{(date)}} $

Brownsburg

Yvonne Rene' Richardson of Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of \_

/s/ Harold L. Leininger

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

(date), at Brownsburg
Richard Mark Garland

90YCE FORMS • SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Date of Application Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 Yes If No, Medical Examination or Report Dated
Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 1121 Previous Marital Status: Never Married Previous Marital Status: Never Married OR No. of Previous Marriage Annulment Last Marriage Ended By: Death Last Marriage Ended By Death Date of birth verified by: Sirth Certificate Other (Specify) Drivers License No No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 Kidhardson (a) Full name of applicant's father Frung'R. Garland sed, so state) RNNSYlvania (State or foreign country) Henns Ylvania or foreign country INDIAND ant's mother Donna K Residence of mother (if deceased, so state) ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases thomas The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the ab acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court HENDRICKS HENDRICKS day of May , 19 11 Jawson clerk of the\_ HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County\_ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_ County, Indiana, , authorizing the marriage of Richard Mark Garland and \_ Yvonne Rene' Richardson . I further certify that the following marriage certificate was filed in my office: I, \_\_\_ Harold L. Leininger \_ (name), certify that on \_ Hendricks

\_ County, Indiana,.

Dawson HENDRICKS

\_(state), and .

\_ (official designation)

County, Indiana, dated 7-6-91

(state) were married by me as authorized

Circuit Court

County Indiana

7-16-91

County .

Indiana

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County		No. 240
			5 - 31 .91  Date of Application
pplying for license.	Female Applicant 50 If No, Medical Examina	No 🌣	Yes □
rriage license under	Name of Physician	2 Da	and in

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

acknowledgment because of religious beliefs.  Clerk of Court Date Date Clerk of Court Date Date Date Clerk of Court Date Date Date Date Date Date Date Dat	MALE APPLICANT	FEMALE APPLICANT
Size of the Control o		
The state of the s	Johnson 18th and	
Person forced does Nove Name	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Person forced does Nove Name	Designers Address Steed or D.D. City County State .	Residence Address Street of R.R. City County State
The store of the control of the first and store of the control of the first and store of the control of the con	11006 W. Washington St. Rept 4 Sudple.	t Same
The storm whater   Deno Customs   De	Previous Marital Status: Never Married D. OR No. of Previous Marriages	Previous Marital Status: Never Married Q OR No. of Previous Marriages
The storm whater   Deno Customs   De	Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Any year was or have you ever been adjusqued to be of unusual minor?   16   16   16   16   16   16   16   1	Post of block conflict by Pinth Confliction Fig. (Consisted)	Data of hirth varified by: Right Cartificate AOthar (Spacifie)
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If aware in "yes" has the adjustance been monocol?  All you you wanted the inthinance of an activate beening?  NO IN TO		
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2. Any part our work the inflament of an activative changed?  3. Any part our work the inflament of an activative changed?  5. List the full names of any dependent children.  6. (in) Full names of any dependent children.  6. (in) Full names of appropriate children.  6. (in) Full names of the decompose of the decompo		
Sure the left names of any dependent children.  6 (p) Full name of approximation control (in adoption to suppress control)  6 (p) Full name of approximation control (in adoption to suppress control)  6 (p) Full name of approximation control (in adoption to suppress control)  7 (p) Full name of approximation control (in adoption to suppress control)  8 (p) Full name of approximation control (in adoption to suppress control)  8 (p) Full name of approximation control (in adoption to suppress control)  9 (p) Full name of approximation control (in adoption to suppress control)  1 associated for adoption of the control (in adoption to suppress control)  1 associated for adoption of the control (in adoption to the control (in a		
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The above a policient or recept control,  It acknowledge that I have received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection of the selection of the received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection of the received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection of the received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection of the received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection of the received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection of the selection of the selection of the received information requesting dargerous communicable diseases that are assuably bearmined, and a last of the selection	5. List the full names of any dependent children.	List the full names of any dependent children.
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The above a spicious of state (Date or brough country).    Substitution of the country of accessed or sweep country.	6. (a) Full name of applicant's father Richard & Dance Mans St.	6. (a) Full name of applicant's father Roas Devans Wayne
Birthylace of turner (blass or brong country)  Birthylace of mother (draws or brong country)  Birthylace of mother (draws or brong country)  ACKNOWLEDMENT  ACKNOWLEDMENT  ACKNOWLEDMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the best sizes for the virus that causes ADS (sequined immunication)  Birthylace of regions and a list of the best sizes for the virus that causes ADS (sequined immunication)  Birthylace of regions beliefs.  Covery of MENDRICKS  State of biddens  CONSENT OF PARENTE, PARENT, OR GUARDIAN  When Parents of the septicus, heavily pur connect for the marriage. If only one parent signs, size is that with make the consent of the other parent unccessary  Base of hiddens  CONSENT OF PARENTE, PARENT, OR GUARDIAN  When Parents of the septicus, heavily pur connect for the marriage. If only one parent signs, size is that with make the consent of the other parent unccessary  Base of hiddens  CONSENT OF PARENTE, PARENT, OR GUARDIAN  When Parents of the septicus, heavily pur connect for the marriage. If only one parent signs, size is that which make the consent of the other parent unccessary  Base of hiddens  CONSENT OF PARENTE, PARENT, OR GUARDIAN  When Parents of the septicus, heavily pur connect for the marriage. If only one parent signs, size is that which make the consent of the other parent unccessary  Base of hiddens  County of MENDRICKS  State of hiddens  County of MENDRICKS  Fight.  County of MENDRICKS  State of hiddens  County of MENDRICKS  Fight.  County, Indiana, Count	(If adopted, list adoptive parents only)	(0)
(b) If master name of applicant's notine (State or brings country)  Response of mother (State or brings country)    acknowledge that I have received information regarding dangerous communicable diseases that are seasily transmitted, and a first of the last lines for the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable diseases that are seasily transmitted, and a first of the last lines for the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable diseases that are seasily transmitted, and a first of the last lines for the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable diseases that are seasily transmitted, and a first of the last lines for the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable diseases that are seasily transmitted, and a first of the last lines for the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable that we seasily transmitted, and a first of the last lines for the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable that we seasily transmitted, and a first of the last causes and season and produces of received information regarding dangerous communicable that we season and season as the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable that we season as the view of the season as the view of the view that causes ADS (sequent)    acknowledge that I have received information regarding dangerous communicable that we season as the view that causes ADS (sequent)   acknowledge that I have received information regarding dangerous communicable that we asknowledge that the view that causes ADS (sequent)   acknowledge that I have received information regarding dangerous communicab	Residence of father (if deceased, so state) Massiville TD	Residence of father (if deceased, so state) Bureastle TN
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Birmplace of mother (State or foreign country).  ACHORMEDOMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the less sizes for the virus that causes ADS (second immune deficiency syndrome).  Signature depotices  The above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to the above applicant has objected to verifying by cash or affirmation or signature to acknowledge that I have received information regarding dangerous communicable that are sexually transmitted, and a list of the test sites for the virus that causes ADS (second discense) and the less sites for the virus that causes ADS (second discense).  The above applicant has objected to verifying by cash or affirmation or signature to acknowledge that I have received intermation at a list of the test sites for the virus that causes ADS (second discense).  The above applicant has objected to verifying by cash or affirmation or signature to acknowledge that I have received intermation application is the acknowledge that I have received intermation regarding dangerous communicable that are sexually transmitted, and a list of the test sites for the virus that causes ADS (second discense).  The above applicant has objected to verifying by cash or affirmation or signature to the acknowledge that are sexually transmitted, and a list of the test sites for the virus that causes ADS (second discense in the discondered on the test sites for the virus that causes ADS (secondered and element of the sex sites for the virus that causes ADS (secondered and element of the sex sites for the virus that causes ADS (secondered and element of the sex sites for the virus that causes ADS (secondered and element of the sex sites for the virus that causes ADS (secondered and element of the sex sex sex sex sex sex sex sex sex se		
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New Address Subscribed and sworn to before me this 31 day of MENDRICKS  CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this 31 day of MENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this 32 day of MENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this 32 day of MENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this 32 day of MENDRICKS  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this 33 day of Mendry  Subscribed and sworn to before me this 34 day of MENDRICKS  Subscribed and sworn to before me this 34 day of Mendry  Subscribed and sworn to before me this 34 day of Mendry  Subscribed and sworn to before me this 34 day of Mendry  Subscribed and sworn to before me this 34 day of Mendry  Subscribed and sworn to before me this 34 day of Mendry  State facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Co	Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana  State of Indiana  State of Indiana  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  State of Indiana  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  State of Indiana  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  State of Indiana  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  State of Indiana  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  State of Indiana  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court  Date  State of Indiana County of HENDRICKS  in this application is true and correct
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary  State of Indiana  County of HENDRICKS  Subscribed and sworn to before me this	Subscribed and sworn to before me this 31 day of May 19 91	Subscribed and sworn to before me this 31 day of May 1991
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary    State of Indiana	Circuit Court	CHOUR COM
state facts which make the consent of the other parent unnecessary  State of Indiana County of HENDRICKS  Father. ID #  Subscribed and sworn to before me this day of	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana Country of HENDRICKS  Father ID # Subscribed and sworn to before me this day of ID # Subscr		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
County of HENDRICKS    Similar   Subscribed and sworn to before me this   Subs	state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County of HENDRICKS  Father.  Mother	State of Indiana	State of Indiana )
Mother		
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named part  County		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named part  County		Subscribed and sworn to before me this day of, 19
And filed in	Uran Maria Cara Cara Cara Cara Cara Cara Cara	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, authorizing the marriage of Marriage certificate was filed in my office a marriage license issued by the Clerk of the Circuit Court of Meneth R. Mayo  and Beth Ann Majors I further certify that the following marriage certificate was filed in my of Martinsville In Morgan County, Indiana, Stenneth R. Mayo of Hendricks County Indiana (state), and Beth Ann Majors of Hendricks County Indiana (state) were married by me as authorizing the marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-1-91  Signed by: /s/ Rev. Kenneth E. Scherle Minister (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 6-7-91 (date).	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and filed in, authoriz	les and directs the issuance of a marriage license to the above named parties.
and Beth Ann Majors  I, Rev. Kenneth E. Scherle  (date), at Martinsville  Kenneth R. Mayo  Beth Ann Majors  Hendricks  County Indiana  Indiana  Indiana  (state), and  Indiana   I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,	
I, Rev. Kenneth E. Scherle  (date), atMartinsville    Morgan   Morgan   Morgan		
(date), atMartinsville inMorgan		(name), certify that on 6-1-91
Kenneth R. Mayo of Hendricks County Indiana (state), and  Beth Ann Majors of Hendricks County Indiana (state) were married by me as autunder a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-1-91  Signed by: /s/ Rev. Kenneth E. Scherle Minister (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on 6-7-91 (date).		(name), certify that on
under a marriage license that was issued by the Clerk of the Circuit Court of	Kenneth R. Mayo of Hendricks	County Indiana (state), and
Signed by:/s/ Rev. Kenneth E. Scherle, Minister (official designation)  Filed and recorded in accordance with the laws of the State of Indiana on (date).	9	ounty Indiana (state) were married by me as authorized
Filed and recorded in accordance with the laws of the State of Indiana on 6-7-91 (date).	under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, datea
rica and recorded in accordance with the laws of the state of matana on		7 - 01 (Official designation)
Signed_Connie Lawson	rica and recorded in accordance with the laws of the state of inatana on_	(aaie).
SIXIEU (XUVV TIV		Signed Coming Lawson Clerk
		O CONTRACTOR OF

\_Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County

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

Female Applicant 50	No ⅓ Ye	s 🗆
If No, Medical Examination	on or Report Dated	
Name of Physician	· Oxohus	

MALE APPLICANT	FEMALE APPLICANT
Name	Name First Middle Last
Date of Birth Month Day tog	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
6755 6. 350 N Bburg	8195 € 725 N B'burg
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married QR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate (Specify) Dr. Liu,	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  No Yes   2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes   4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.
6. (a) Full name of applicant's father whal Koth Payle  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Reflect for the control of
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Date  5-31-91	I acknowledge that I have received information regarding dangerous communicable diseases 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  5-31-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed HARLY K. PALVE  New Address 1150 CHESTNUT CT. APT F GREENCASTIE, IN.  Subscribed and sworn to before me this day of 1991  HENDRICKS Circuit Count	State of Indiana  County of HENDRICKS  Signed Signed Signed Apt F Green with In 46135  Subscribed and sworn to before me this Signed Apt F Green with In 46135  Subscribed and sworn to before me this Signed Apt F Green with In 46135  Clerk of the HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana   )	State of Indiana   )
Subscribed and sworn to before me thisday of, 19Clerk	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
and filed in, authoriz	
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of, authorizing the marriage of,	Aaron Kevin Payne
andJill Suzanne Clark	I further certify that the following marriage certificate was filed in my office:
(date), at Brownsburg Christian Church	in Hendricks County, Indiana,
Aaron Kevin Payne of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized  HENDRICKS County, Indiana, dated 5-31-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Steven T. Reeves	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	0-11-91 (date).
	Signed Comie Sawson Clerk HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

\_Circuit Court

242

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No  Yes If No, Medical Examination or Report Dated  Name of Physician Alexa Bokus
IC 31-7-3 commits a Class D felony.	
MALE ADDITIONAL	
Name First Mijdle Last	FEMALE APPLICANT  Name First Middle Last
Date of Birth Month Day Year	Date of Birth Secure Kathleen Dietz
3 29 1968	5 08 1970
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)  Philippe
Heistence Address Street of R.R. City County County State 406 L. Rilla St. British Lindblucker, Indiana	Residence Address Street or R.R. City County State  R.R.I. Bol. 103 Presidence Street or R.R.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Tother (Specify) Driver's License	
	Date of birth verified by: Birth Certificate Gother (Specify) Divor's License
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      ✓
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No  Yes   5. List the full names of any dependent children.
6. (a) Full name of applicant's father Earl Grant Poland	4 . 2: / . \
6. (a) Full name of applicant's father COV STANK FORALL.  (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father <u>Sud Richard Dietz</u>
Residence of father (if deceased, so state) Indiana	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Miliana,	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bluttly Sue Hallam	(b) Full maiden name of applicant's mother Rathlein Juan Coope
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Addison	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the vigus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant XHOUNL. Follow Date 53191	Signature of Applicant X Thursday, NOG Date 5-31-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above configurations absorbed to writering to see the second
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	
County of HENDRICKS ss: In this application is true and correct.	State of Indiana  County of HENDRICKS ss: ss: in this application is true and correct.
Signed stown L. toland	Signed X Dama Li NOT
New Address Subsecibed and sworn to before me this 3/ day of May, 19 9/	New Address 406 S. G. Reen St., Brownstay, In 46112
Subscribed and sworn to before me this	Subscribed and sworn to before me this
	Officer Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana )
County of HENDRICKS ss:	County of
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID #  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, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated	I further certify that the following manifest and Co. 11
I, John K. Fletcher	(name), certify that on 6-29-91
(date), atBrownsburg	_ in Hendricks County, Indiana,
Kevin Lee Poland of Hendricks	CountyIndiana(state), and
Laura Kathleen Dietz of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS
Signed by: /s/ John K. Fletcher	County, Indiana, dated6-29-91, Pastor(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-8-91 (date).
	C
	Signed Command of Manager Commander

Circuit Court

BOYCE FORMS - SYSTEMS 1-800-382-8702 1477

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS	County	No	5.31.91
pon applying for license. ormation to a clerk of the a marriage license under	Female App If No, <u>Medi</u> Name of Ph	ical Examination of	or Report Da	Pate of Application  Yes □  Ited

IC 31-7-9-1. Furnishing false information up A person who knowingly furnishes false info circuit court when the person applies for a IC 31-7-3 commits a Class D felony.

MALE APPLICANT	FEMALE APPLICANT
Name - First Middle Last	Name First Middle Last
Date of Birth Day Year World	Date of Birth Mary Ann Dray Year
5 11 58	9 29 49
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Design Heidel States Name Heidel C	1979 Expand Bay Pad.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 6-88	Last Marriage Ended By: Death Divorce Annulment Date 1.90
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?     No      Yes      Yes      ✓	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗵 Yes 🗆
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No   ✓ Yes   ✓
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
i. (a) Full name of applicant's father Make Samuel Moreland	6. (a) Full name of applicant's father Except Part Hotelay
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Residence of father (if deceased, so state) Mesufield And
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother and Dehiculary Will.	(b) Full maiden name of applicant's mother at the house of accounts block
(If adopted, list adoptive parents only).	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
. 0	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually*transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 5/31/91	Signature of Applicant & Manyann Statum Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
	Sidn of South
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS. Ss. In this application is true and correct.	County of HENDRICKS SS: In this application is true and correct.
Signed X Stul 3. Milliand	Signed Marylever Thaham
New Address	New Address  Subscribed and sworn to before me this 31st day of Man 19 91
Coming Sawson Clerk of the HENDRICKS Circuit Court	Commission Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
late facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MARRIAGE	TAND MADDIAGE OFFICE OF
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated $\frac{5-31-91}{}$ , authorizing the marriage of $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	derk of the Circuit Court of HENDRICKS County, Indiana, Darl S. Moreland
	I further certify that the following marriage certificate was filed in my office:
Rev. Gerald DeVore	. I further certify that the following marriage certificate was filed in my office:  ——— (name), certify that on $\frac{6-1-91}{}$
date), at Plainfield	inHendricks County, Indiana,
Darl S. Moreland of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Gerald Devore	
Signed by:/S/ GETAID DEVOIE  Filed and recorded in accordance with the laws of the State of Indiana on	
nea and recorded in accordance with the taws of the state of inatana on_	(aute).
	Signed Commis Lauren
	Signed Clerk HENDRICKS Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

\_Circuit Court

	5 - 31 - 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No  Yes I  If No, Medical Examination or Report Dated 5-30-91  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign country)  Previous Marital Status: Never Married   OR No. of Previous Marriages    Date of birth verified by:   Birth Certificate   Other (Specify)   Diverce   Other (Specify)    If answer is "yes," has the adjudication been removed?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    Are you now under the influence of an alcoholic beverage?   No   Yes    List the full names of any dependent children.    In an indicate   Other (Specify)   Other (Specify)    Other (S	Date of Birth   State or foreign country   Place of Birth (State or foreign country)  Residence Address   Street or R.R.   City   Country   State
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother succetta Florence Williams  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant Date 5-31-91  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
Signed A Pull New Address  New Address  Subscribed and sworn to before me this  County of HENDRICKS  Signed A Pull New Address  New Address  Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  Address  Clerk of the HENDRICKS  Circuit Court	State of Indiana County of HENDRICKS Signed Some Subscribed and sworn to before me this 31 at day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana   State of In	State of Indiana County of
County	
RETURN OF MARRIAGE LICENS  I certify that there was filed in my office a marriage license issued by the Cle  dated 5-31-91 authorizing the marriage of	E AND MARRIAGE CERTIFICATE  ork of the Circuit Court of HENDRICKS County, Indiana,
and Sharon S. Harding  I, Cynthia J. Spence  (date), at Danville Philip N. Klein of Hendricks Sharon S. Harding of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	Signed Cornie Sauran Clerk  HENDRICKS Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS	County	No. <u>245</u>
		5-31-91 Date of Application

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

Female Applicant 50	No 🗆	Yes 🗆	REST A
If No, Medical Examin	nation or Repor	t Dated	
Name of Physician	Dr. Oli	lin Batista	The setting very

HENDRICKS

Circuit Court

MALE APPLICANT	FEMALE APPLICANT
Name Byolevi K. Calons	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	Thiana
5650 M. 600 E Brownsburg, Hendrichs, In.	Residence Address Street or R.R. City County State  5650 9, 600 E Brownslows Headricky In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2-85	Last Marriage Ended By: Death Divorce Annulment Date Date
Date of birth verified by: Birth Certificate Other (Specify)	
- Nuvers Dicerae	Date of birth verified by: Birth Certificate Dother (Specify) Druvers License
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the female applicant closer than second cousin?  No Yes	If answer is "yes," has the adjudication been removed?  No Yes   Are you related to the male applicant closer than second cousin?  No Yes   Yes
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	2. Are you related to the male applicant closer than second cousin? No Yes ☐  3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ★ Yes ☐
5. List the full names of any dependent children. Joshua Jan alams,	5. List the full names of any dependent children.
- Carray	Ogochel Michale adams
6. (a) Full name of applicant's father Charles Eli alans	6. (a) Full name of applicant's father alvin Th. Hulse
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother South ann Willer	(b) Full maiden name of applicant's mother Source 8, Bratlen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually*transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant  Signature of Applicant  Date  5-31-91	immune deficiency syndrome).  Signature of Applicant X Royana J. Colours page 5-31-5
	Date 5
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.  Signed X Hobert H. Adams	County of HENDRICKS ss: in this application is true and correct.
New Address Same	Signed X ONO YOUR X - CANONIO
Subscribed and sworn to before me this 31st day of Man, 19 91	New Address Subscribed and sworn to before me this 31 at day of Way, 19 91
Consultation Clerk of the HENDRICKS Circuit Court	Comine Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana )  County ofHENDRICKS )  SS:	State of Indiana )  Country of HENDRICKS ss:
Father ID #	County of
Mother ID #	Father
Subscribed and sworn to before me thisday 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, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	out of the Circuit Court of HENDRICKS
dated, authorizing the marriage of	Robert K. Adams County, Indiana,
and Roxana L. Adams  J. Donald Boebinger	I further certify that the following marriage certificate was filed in my office:
(date), at _Whitelick Presbyterian Church	(name), certify that on 6-19-91
Robert Keith Adams of Hendricks	Tadiana James
Roxana L. Adams of Hendricks Cou	inty Indiana (state) were married by me as sub-in-
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-31-91
Signed by: /s/ J. Donald Boebinger  Filed and recorded in accordance with the laws of the Section St. I.	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
	signed Connie Lauren

## STATE OF INDIANA

HEN	No. 246  DRICKS County File
	County File
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated  Name of Physician Dr. Ferrara
MALE APPLICANT	FEMALE APPLICANT
lame Brian Edwin Button Pate of Birth Month Day Year	Name First Middle Blast OSS CSB after Date of Birth Month Cary Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
rvious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Defirth 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?  Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  Yes
Are you now under the influence of an alcoholic beverage?  Yes  Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?  Ves   List the full names of any dependent children.	Are you now under the influence of a narcotic drug?      No Yes       List the full names of any dependent children.
(a) Full name of applicant's father	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Dorrel Schafer  Residence of father (if deceased, so state) TW
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TA
(b) Full maiden name of applicant's mother 1 2000 E 1160 1500 TO (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Julia Hyline 151055
Residence of mother (if deceased, so state) TN	(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) TW	Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
nune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
nature of Applicant Date 5-31-91	Signature of Applicant / Onlice Studies Date 3-31-91
above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
rk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
te of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
Signed Si	Signed Monuta Sharer and correct.
New Address scribed and sworn to before me this 3 5t day of 1004 19 91	New Address 12t. 1 7502 25to Ush addisterry N.C. 204
scribed and sworn to before me this 3 st day of Cuy, 19 1 HENDRICKS Circuit Court	Subscribed and sworn to before me this 315 day of May 19 9 Circuit Court
SENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, a 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
of Indiana )	
nty of <u>HENDRICKS</u> ) ss:	State of Indiana ) County of HENDRICKS ss:
ner ID # her ID #	Father ID #
scribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.  County	A marriage license having been refused to the above named parties, the  Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Clarked $\frac{5-31-91}{}$ , authorizing the marriage of ${}$	
d <u>Monica Lynn Shafer</u> John Coldwell	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on 6-3-91in Marion
Brian Edwin Burton of Marion	County Indiana (state), and
Monica Lynn Shafer of Hendricks Coder a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorized
ned by:/s/ John Coldwell	,Minister (official designation)
ed and recorded in accordance with the laws of the State of Indiana on_	6-3-91 (date).
	Signed Come Lawson Clerk
DE FORMS + SYSTEMS 1400-3824702 1477	Signed Clerk HENDRICKS Circuit Court

\_\_ Clerk \_Circuit Court

Clerk Circuit Court

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 50 No P Yes I If No, Medical Examination or Report Dated Name of Physician YU.C. Staypord Md

MALE APPLICANT	FEMALE APPLICANT
Name Paul Cellen Barris	Name Kim First Lelnise Gray
Date of Birth Quest 21 1960	Date of Birth Month Day 1961
Place of Birth (State or foreign country) Columbus Indiano	Place of Birth (State or foreign country)  Sourceville Kertecker
Residence Address Street or R.R. City County State Chapuble	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Sther (Specify) Llrwin Lecins
Date of birth verified by: Birth Certificate LiPother (Specify) Wrwend Lipother (Specify)	Letters years
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?     No Yes      No Yes      No Yes	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  No Yes  Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
100	
6. (a) Full name of applicant's father Robert Eugene Garris	6. (a) Full name of applicant's father Thomas Massellic Jr.
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Thiana	(If adopted, list adoptive parents only).
Birthplace of father (State or foreign country) Thecasea	Birthplace of father (State or foreign country) UNKNOWN
(b) Full maiden name of applicant's mother Elsie Louise Jubbs	(b) Full maiden name of applicant's mother Francis Gloria Dean
(If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Adiana	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Kansas	Birthplace of mother (State or foreign country) Kentucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Yould Date X 6-5-91	Signature of Applicant X Alm Hern Sung Date X 6-5-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information given
County of HENDRICKS  Signed Paul a Faul in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address SOO Umstead Dr. 3056 Chapel Hill NE	New Address 500 Umstead Dr., Apt. 305C, Chapel Hill, NC. 275
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this
	Co che O jewas C
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Crate of Indians	
State of Indiana ) County of HENDRICKS ss:	State of Indiana ) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
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 med in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $6-3-91$ , authorizing the marriage of	
and Kim Denise Gray	I further certify that the following marriage certificate was filed in my office:
I, Keith H. Kirk (date), at Plainfield	(name), certify that on6-8-91inHendricks
Paul Allen Garris of Orange	County North Carolina (state), and
Kim Denise Gray of Hendricks Co.	unty Hendricks (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Keith H. Kirk	
Filed and recorded in accordance with the laws of the State of Indiana on	6-11-91 (date).
	Coming Paris
	Signed Clerk HENDRICKS Circuit Court

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 248

\_\_\_\_ Clerk \_Circuit Court

HENDI	RICKS County File
	6 - 3 - 9 1 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.  A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No   Yes   If No,  Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name  First  Middle  Last  Place of Birth (State or foreign country)  Name  Place of Birth (State or foreign country)	Name  First  Middle  Last  Last  Date of Birth  Day  Place of Birth (State or foreign country)  Name  First  Middle  Last  Vear  12  15  31
residence Address Street or R.R. City County State  1050 E Soy 545 Cambry Pendrungs Sn,  Previous Marriages   OR No. of Previous Marriages	Residence Address Street or R.R. City County State  1940 Sheuce & Andrée, Marion On Previous Marriages
ast Marriage Ended By: Death □ Divorce ★ Annulment □ Date 5 - 7 2  Date of birth verified by: ★Birth Certificate □ Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify) Social Security
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  Are you now under the influence of a narcotic drug?  List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.
(If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  (By Full maiden name of applicant's mother Yora Warter  (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)  Slipping	6. (a) Full name of applicant's father the stances declared (If adopted, list adoptive parents only)  Residence of father (If deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother than the stance of mother (If deceased, so state)  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 6-3-91	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed  New Address 1910 W. W. G. State of the HENDRICKS  Clerk of the HENDRICKS  I swear/affirm that the information given in this application is true and correct.  Signed  Out of the HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS ss:  Signed Solution Signed Advisor Advisor Signed Subscribed and sworn to before me this 3 AQ day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana   )	State of Indiana ) ss:  County of HENDRICKS ) ID #
Mother ID # Subscribed and sworn to before me this day of, 19  Clerk	Mother ID # Subscribed and sworn to before me this day of, 19  Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued
	zes 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 Cl dated, authorizing the marriage of, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE  lerk of the Circuit Court of HENDRICKS County, Indiana, EDWARD DALE LASHBROOK  I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on6-4-91 in Hendricks County, Indiana,
	County Indiana (state), and
Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on_	, 1st Deputy Clerk (official designation) 6-4-91 (date).

BOYCE FORMS . SYSTEMS 1-800-382-8702 1477

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 249
<u>HENI</u>	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes  If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT  Name First Middle Last	FEMALE APPLICANT
Paul David Bilyen	Name Tennifer Lyn Baker
Place of Birth (State or foreign country)  Place of Birth (State or foreign country)	Date of Birth Month 30 TVear
isossi M	Place of Birth (State or foreign country)
Residence Address / Rd. ODN. City County State	Residence Address  Street or R.R.  City  County  State  State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 12 OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Deirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the female applicant closer than second cousin?  No Yes  Yes  Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  If answer is "yes," has the adjudication been removed?  No  Yes
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  No (1) Yes [
4. Are you now under the influence of a narcotic drug?  No Yes   S. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No 🗓 Yes [
and the data little of the periodic control of the per	List the full names of any dependent children.  ———————————————————————————————————
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of father (State or foreign country)  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Sheether Hodes Box (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Several Box (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  The above conficent has shirted to satisfy the last of the virus that causes AIDS (acquired immune deficiency syndrome).	ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable disease that are sexually*transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).  Signature of Applicant  Date
The 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 aboacknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana County of HENDRICKS Signed Roul Bully in this application is true and correct.  New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana  County of HENDRICKS  Signed New Address PH Address Aday of 1991  Subscribed and sworn to before me this Aday of 1991  Clerk of the HENDRICKS Circuit County Cou
CONSENT OF PARENTS, PARENT, 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 sign 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:
Father ID #	Father The W. BARRY ID #_
Mother ID # Subscribed and sworn to before me this day of, 19	Mother X Jabanah C. Tholey ID #
Clerk	Subscribed and sworn to before me thisday of, 19Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above send action the
and filed in, authorize	Court by written order issued
RETURN OF MARRIAGE LICENSI  I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
and, authorizing the marriage of	Paul David Bilyeu  I further certify that the following marriage certificate was filed in my office.
1,BIIYCU	(name), certify that on 6-15-91
Paul David Bilyeu of Hendricks	_ in Hendricks County, Indiana, County Indiana (state), and
Jennifer Lynn Baker of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rev. Phillip Bilyeu	HENDRICKS County, Indiana, dated 6-15-91
Filed and recorded in accordance with the laws of the State of Indiana on	-, Hillster (official designation) (date).

(date).

HENDRICKS

Clerk

\_Circuit Court

## STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Health under Authority of IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE
HEND	RICKS County File
	6-3-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes   If No, Medical Examination or Report Dated  Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth    Day   State	Name    Caral
Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state)  Birthplace of mother (State or foreign country)  ACKNOWLEDGMENT  I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  Signature of Applicant  August B. Mank Date	Birthplace of father (State or foreign country)  (b) Full maiden name of applicant's mother Cool to Co
Signature of Applicant Date Date  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court Date Date	Signature of Applicant
State of Indiana  County of HENDRICKS   Ss: I swear/affirm that the information given in this application is true and correct.  Signed   Hendricks   Subscribed and sworn to before me this 3 \( \text{Add qs} \)	State of Indiana County of HENDRICKS Signed Arab Signe
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of 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 )  Father ID #  Mother ID #  Subscribed and sworn to before me this day of, 19  Clerk	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #  Mother ID #  Subscribed and sworn to before me this day of, 19  Clerk
County	A marriage license having been refused to the above named parties, the  Court, by written order issued  Tes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE  Lerk of the Circuit Court of Russel B. Mink  Russel B. Mink  Research of the Marriage license to the above named parties.  HENDRICKS County, Indiana,
I, Robert Felton Carter  (date), at Indianapolis  Russell B. Mink of Marion  Carol Ann Poynter of Marion Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Robert Felton Carter  Filed and recorded in accordance with the laws of the State of Indiana on	, Dr. of Ministry (official designation) 6-21-91 (date).

\_\_\_\_ Clerk \_Circuit Court

\_Circuit Court

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

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50	No 🗆	Yes □	THE PARTY
If No, Medical Examin	nation or Report	Dated	
Name of Physician	or. unc	laughlin	

MALE APPLICANT	FEMALE APPLICANT
Name Dovid: Andrew Pierce	Name First Middle Last Norlows
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
10232 Kanganahn. Inhib. Ind.	the state of the s
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?  No   Yes   Yes   Yes    Yes     Yes	Are you now or have you ever been adjudged to be of unsound mind?  No  Yes  Yes
If answer is "yes," has the adjudication been removed?  No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage?  No Yes   Are you now under the influence of an alcoholic beverage?  No Description:
4. Are you now under the influence of a narcotic drug?  No Yes   5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?  No  Yes  List the full names of any dependent children.
z Elst the full fluines of they deported it children.	S. List the fall fallies of the dependent condens.
M 1 2 20	alem and : D
6. (a) Full name of applicant's father Doug Translation   1886	6. (a) Full name of applicant's father Densis Ranks Market Market
(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)  Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Danie Laure Draws	(b) Full maiden name of applicant's mother Kathless diane in H
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseas
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Was 1 / Leve Date 6-3-9/	Signature of Applicant X & USO 5 // Cull Date 6-3-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana ) I swear/affirm that the information given	State of Indiana ) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed X 200 4. Here	Signed XX con to Marlowe
New Address Read Read Read Read Read Read Read Read	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Con
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana )  County of HENDRICKS ss:	State of Indiana )  HENDRICKS SS:
County or	County or
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of19	Subscribed and sworn to before me this day of, 19
Clerk	City of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana
dated, authorizing the marriage of	David A. Pierce
andLisa K. Marlowe	I further certify that the following marriage certificate was filed in my office
I, David Carl Lueloff	(name), certify that on6-8-91
(date), at Good Shepherd Baptist Church	inMorganCounty, Indiana,
David A. Pierce of Hendricks  Lisa K. Marlowe of Hendricks Co	County Indiana (state), and
Lisa K. Marlowe of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorize  County, Indiana, dated 6-8-91
Signed by:/s/ David C. Lueloff	Assistant Pastor (official designation)
ruea and recorded in accordance with the laws of the State of Indiana on	0-12-91 (date)
ruea and recorded in accordance with the laws of the State of Indiana on_	6-12-91 (date).
Filed and recorded in accordance with the laws of the State of Indiana on_	Signed Comic Lawson Cler

# STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No   Yes   If No, Medical Examination or Report Dated Name of Physician temily Clinic Plainfield Stephen Heeger
MALE APPLICANT	FEMALE APPLICANT
Name    Compared to Birth   Compared to Birth	Name Roe First Tean Middle R Last Chardson  Date of Birth Mogth Day Year  Place of Birth (State or foreign country)  Residence Address Street or R.R. 9 City 23 Danville TW
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date of birth verified by: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Dother (Specify)	Last Marriage Ended By: Death Divorce Annulment Date  Date of birth verified by: Birth Certificate Other (Specify) Drivers Liscense
1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?  Are you now under the influence of an alcoholic beverage?  No. Yes    Yes    Yes    Yes    Yes    Are you now under the influence of an alcoholic beverage?  No. Yes    Yes	1. Are you now or have you ever been adjudged to be of unsound mind?  If answer is "yes," has the adjudication been removed?  2. Are you related to the male applicant closer than second cousin?  3. Are you now under the influence of an alcoholic beverage?  4. Are you now under the influence of a narcotic drug?  5. List the full names of any dependent children.  6. (a) Full name of applicant's father Raymond Richardson II  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state) WISCONSIN  Birthplace of father (State or foreign country) WISCONSIN
(b) Full maiden name of applicant's mother Patarsa Labaum McC  (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) Thatasa.  Birthplace of mother (State or foreign country) Calatonia	Full maiden name of applicant's mother May Jean Co Sack Sw (If adopted, list adoptive parents only)  Residence of mother (if deceased, so state) WISCONSIN  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  Date  The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant  Signature of Applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.  Clerk of Court Date	acknowledgment because of religious beliefs.  Clerk of Court Date
State of Indiana  County of HENDRICKS  Signed  New Address  Subscribed and sworn to before me this  Clerk of the  HENDRICKS  Aday of HENDRICKS  Circuit Court	State of Indiana  County of HENDRICKS  Signed fae fean Rechardson  New Address name  Subscribed and sworm to before me this day of HENDRICKS  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN  We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana   )	State of Indiana ) ss:  County of HENDRICKS ) ss:  Father ID #  Mother ID #  Subscribed and sworn to before me this day of, 19  Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	tes 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 Cladated 6-4-91, authorizing the marriage of and Rae Jean M. Richardson  I, David L. McColley (date), at Pine Tree Manner-Indianapolis Robert L. Stock of Hendricks Rae Jean M. Richardson of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	Robert L. Stock  I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-7-91 in Marion
Signed by:/s/ David L. McColley  Filed and recorded in accordance with the laws of the State of Indiana on	, Pastor (official designation) 6-11-91 (date).
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	Signed Clerk  HENDRICKS Circuit Court

(date), at Brownsburg Christian Church

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: \_\_\_\_/s/ Steven T. Reeves

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

of Hendricks

Hendricks

Donald J. Brown

Stacey E. Smith

#### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

**HENDRICKS** County Female Applicant 50 No 1 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Last Marriage Ended By: Birth Certificate Other (Specify) No 🗹 Yes 🔲 No 1 Yes 🔲 No D Yes 🗌 No 🗆 Yes 🔲 If answer is "ves." has the adjudication been removed? No 🗹 Yes 🔲 Yes 🗌 No D Are you related to the female applicant closer than second cousin? No 🛛 Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? No 🗹 Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court \_ Clerk of Court State of Indiana HENDRICKS HENDRICKS HENDRICKS HENDRICKS Danson Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Stacey E. Smith . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-22-91 Steven T. Reeves (name), certify that on \_ Hendricks

County, Indiana,

(state), and

County, Indiana, dated \_

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

Indiana

Indiana

Pastor

6-26-91

### STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

25U **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🔯 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth County Hendricka Co. Previous Marital Status: Never Married Never Married OR No. of Pr Last Marriage Ended By: Death Divorce Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No. Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 Are you related to the female applicant closer than second No. Yes 🗌 ed to the male applicant closer than second cousin? No D Yes 🗌 No 🗸 Yes 🗌 No 1 Yes 🗌 No D Yes 🗌 Are you now under the influence of a narcotic drug? No D Yes 🗌 nce of mother (if deceased, so state) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Mitchell Coman The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs Clerk of Court Date State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS HENDRICKS Circuit Court HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County \_ Court, by written order issued and filed in. authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-4-91, authorizing the marriage of Mitchell Dwayne Osman \_ County, Indiana, Minnie Melia Ray . I further certify that the following marriage certificate was filed in my office:

(name) certify that on 6-8-91I, \_ Albert Ray, Jr. (name), certify that on \_ Hendricks (date), at \_\_ Danville Conservation Club County, Indiana, Mitchell Dwayne Osman Hendricks Indiana County \_ \_(state), and Hendricks of\_ Indiana

County\_

6-11-91

HENDRICKS

(date).

HENDRICKS

Minister

County, Indiana, dated 6-8-91

Clerk

Circuit Court

(official designation)

under a marriage license that was issued by the Clerk of the Circuit Court of

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

Signed by: /s/ Rev. Albert Ray, Jr.