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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 692

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 12-11-90
Name of Physician Charles Tripple

MALE APPLICANT

Name: First Larry Middle W. Last Sinclair

Date of Birth: Month Nov Day 17 Year 1960

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 16 Richfield Ln City Danville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

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

6. (a) Full name of applicant's father Fred Sinclair
   (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 Verne Quarry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Va

ACKNOWLEDGMENT

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

Signature of Applicant X Barry Sinclair Date 12-11-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Barry Sinclair
New Address 16 RICHFIELD LN DANVILLE

Subscribed and sworn to before me this 11 day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Beverly Middle A. Last Pickerel

Date of Birth: Month June Day 12 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 16 Richfield Ln City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr License

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

6. (a) Full name of applicant's father Vern Ruddell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greencastle
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Margaret Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant X Beverly Pickerel Date 12-11-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Beverly Pickerel
New Address 16 Richfield Lane Danville

Subscribed and sworn to before me this 11 day of Dec, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-11-90 *, authorizing the marriage of* LARRY W. SINCLAIR *and* BEVERLY ANN PICKEREL *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN J. MALOSKY *(name), certify that on* 12-16-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY W. SINCLAIR *of* HENDRICKS *County* IN *(state), and* BEVERLY ANN PICKEREL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-16-90 *. Signed by:* /s/ STEPHEN J. MALOSKY *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-18-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

2

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 693

HENDRICKS 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 Nick Kohl

MALE APPLICANT

Name: First John Middle Richard Last Konter III

Date of Birth: Month March Day 17 Year 1957

Place of Birth (State or foreign country): New York city New York

Residence Address: Street or R.R. 132 N 475 E City Danville County Hendricks State IN

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)

Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Richard Konter Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Penn.
   Birthplace of father (State or foreign country) Penn
   (b) Full maiden name of applicant's mother Betty L. Chubenka
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Penn
   Birthplace of mother (State or foreign country) Penn

ACKNOWLEDGMENT

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

Signature of Applicant John R. Konter III Date 12-11-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed John R. Konter III

New Address 132 North 475 East, Danville

Subscribed and sworn to before me this 11 day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle Sue Last Pruett

Date of Birth: Month _____ Day _____ Year _____

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 8655 E 146th St City Noblesville County Hamilton State IN

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)

Dr Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Daniel Lee Garland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Jeanne Ann Greene
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

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

Signature of Applicant Deborah Sue Pruett Date 12/11/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Deborah Sue Pruett

New Address 132 North 475 East, Danville

Subscribed and sworn to before me this 11 day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk

HENDRICKS *Circuit Court*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 694

File

12-12-90
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 12-4-90
Name of Physician Philip Batista MD

MALE APPLICANT

Name: First Bradley Middle Mark Last Haines
Date of Birth: Month 12 Day 29 ~~23~~ Year 46
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 507 William Dr. City Brownsburg County State In.
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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Leslie Haines 12 yrs.
6. (a) Full name of applicant's father LaVerne B. Haines
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Reva D. Marrical
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Bradley M. Haines Date 12/12/90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Bradley M. Haines
New Address _____
Subscribed and sworn to before me this 12th day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Linda Middle Kay Last Shook
Date of Birth: Month 6 Day 14 Year 49
Place of Birth (State or foreign country) Indianapolis In.
Residence Address: Street or R.R. 335 N. Green City Brownsburg County State In.
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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Angela Wehmeier - 19 yrs
   Christian Wehmeier - 16 yrs.
6. (a) Full name of applicant's father Richard B. Wills
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clermont, In.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Mary L. Wheat
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clermont, In.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Linda K. Shook Date 12/12/90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Linda K. Shook
New Address 507 William Dr. Brownsburg
Subscribed and sworn to before me this 12th day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-12-90 *, authorizing the marriage of* BRADLEY MARK HAINES *and* LINDA KAY SHOOK *. I further certify that the following marriage certificate was filed in my office: I,* J. V. BOLES *(name), certify that on* 12-31-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRADLEY MARK HAINES *of* HENDRICKS *County* IN *(state), and* LINDA KAY SHOOK *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-31-90 *. Signed by:* /s/ J. V. BOLES *,* CIRCUIT JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

4

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 695

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Stephen Hoeger

MALE APPLICANT

Name: First Harold Middle W. Last Hutchens
Date of Birth: Month Mar Day 11 Year 1952
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. 1161 Buchanan City Plainfield County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-2-89
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lysle

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kimberly Hutchens
6. (a) Full name of applicant's father Harold Hutchens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Crothersville In
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Ethel Henry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Harold W. Hutchens Date 12-13-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Harold W. Hutchens
New Address
Subscribed and sworn to before me this 13 day of Dec, 19 90
Connie Lewis Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle K. Last Sidener
Date of Birth: Month Jan Day 22 Year 1952
Place of Birth (State or foreign country) In.
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Shawn Sidener, Wendy Sidener, Robyn Sidener
6. (a) Full name of applicant's father Dick Mayes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anaplis In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Martha Dougherty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In -

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Donna K Sidener Date 12-13-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Donna K Sidener
New Address Same
Subscribed and sworn to before me this 13 day of Dec, 19 90
Connie Lewis Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-90 *, authorizing the marriage of* HAROLD W. HUTCHENS *and* DONNA K. SIDENER *. 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* HAROLD W. HUTCHENS *of* HENDRICKS *County* IN *(state), and* DONNA K. SIDENER *of* HENDRICKS *County* IN *(state) were 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 *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-4-91 *(date).*

Signed Connie Lewis *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 696

HENDRICKS 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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name First: Richard Middle: Eugene Last: Moll

Date of Birth Month: 7 Day: 21 Year: 33

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

Residence Address Street or R.R.: 7760 Shady Hills E. Dr. City: Indpls. County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify): Drivers Lic.

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

6. (a) Full name of applicant's father: Paul George Moll
   (If adopted, list adoptive parents only)
   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 Louise Magnuson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Deceased
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

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

Signature of Applicant: Richard E Moll Date: 12-13-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed: Richard E Moll

New Address

Subscribed and sworn to before me this 13th day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First: Barbara Middle: Jean Last: Money

Date of Birth Month: 7 Day: 5 Year: 39

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

Residence Address Street or R.R.: 4940 Hawthorne Way City: Plainfield County: State: In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

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

6. (a) Full name of applicant's father: Ora Albert Money
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Danville, In.
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Grace Elizabeth Hawkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Plainfield, In.
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

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

Signature of Applicant: Barbara Jean Money Date: 12/13/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed: Barbara Jean Money

New Address: 7760 Shady Hills E. Dr. Indianapolis In

Subscribed and sworn to before me this 13th day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-13-90 *, authorizing the marriage of* RICHARD EUGENE NOLL *and* BARBARA JEAN MONEY *. I further certify that the following marriage certificate was filed in my office: I,* THOMAS W. RAKOEZY *(name), certify that on* 12-22-90 *(date), at* LAKEVIEW CHRISTIAN CENTER *in* MARION *County, Indiana,* RICHARD EUGENE MOLL *of* MARION *County* IN *(state), and* BARBARA JEAN MONEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-13-90 *. Signed by:* /s/ THOMAS W. RAKOEZY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-26-90 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 697

HENDRICKS 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 ☐ Yes ☐
If No, Medical Examination or Report Dated 12-1-90
Name of Physician Wells

MALE APPLICANT

Name: First David Middle a Last Jackson

Date of Birth: Month Feb Day 14 Year 1968

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7878 Hughes Rd City N. Salem County Hendricks State IN

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)

Dr Lee.

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

6. (a) Full name of applicant's father Morris a Jackson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley a Cossel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant David A Jackson Date 12-13-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed David A Jackson
New Address 7982 W. Main Danville. In

Subscribed and sworn to before me this 13 day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle a Last Keck

Date of Birth: Month July Day 4 Year 1965

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7945 Hughes Rd City N. Salem County Hendricks State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Ilen F. Keck
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan Pritchett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Lisa Keck Date 12-13-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Lisa Keck
New Address 7982 W Main Danville In

Subscribed and sworn to before me this 13 day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk
HENDRICKS *Circuit Court*

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

No. 698

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.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician W. C. Stafford

MALE APPLICANT

Name: First Terry Middle Ronald Last Adams

Date of Birth: Month 9 Day 6 Year 65

Place of Birth (State or foreign country) Glenwood California

Residence Address 10606 W Wash. St. Street or R.R. Plainfield City Hend. Co. County State

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) Dr. Lic.

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

6. (a) Full name of applicant's father Terry R. Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) California
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Charlotte Atkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

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

Signature of Applicant Terry R Adams Date

The above applicant has 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 Terry R Adams

New Address

Subscribed and sworn to before me this 17 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Turesa Middle Lynn Last Barnes

Date of Birth: Month 5 Day 31 Year 64

Place of Birth (State or foreign country) IN

Residence Address 10606 W. Washington Street or R.R. St. Phila. City Hendricks Co. County State

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) Dr. Lic.

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

6. (a) Full name of applicant's father Lindsay Emil Barnes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Lou Brooker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Peyd. IN
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

Signature of Applicant Turesa L. Barnes Date 12/14/90

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed Turesa L. Barnes

New Address same as above

Subscribed and sworn to before me this 14 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-7-90 *, authorizing the marriage of* TERRY RONALD ADAMS *and* ~~TURESA L. BARNES~~ *. I further certify that the following marriage certificate was filed in my office: I,* WESLEY JAY FORD *(name), certify that on* 12-22-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TERRY RONALD ADAMS *of* HENDRICKS *County* IN *(state), and* TURESA LYNN BARNES *of* HENDRICKS *County* IN *(state) were 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 *,* BISHOP *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-26-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

8

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 699

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.

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

MALE APPLICANT

Name: First Keith Middle Devon Last Cooper

Date of Birth: Month 8 Day 28 Year 42

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Main St. Box 66 City Stilesville County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 83?

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Orison V. Cooper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marsha Alice Woodward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Keith D Cooper Date 12-14-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Keith D Cooper

New Address

Subscribed and sworn to before me this 14 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

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

_____ Clerk

FEMALE APPLICANT

Name: First Ruby Middle Arminta Last Settles

Date of Birth: Month 7 Day 28 Year 38

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4540 POBox 66 City Stilesville County Hend. State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank Austin Biggs
   (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 Mary Mahyn Neal
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Ruby A Settles Date 12-14-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Ruby A Settles

New Address

Subscribed and sworn to before me this 14 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-14-90 *, authorizing the marriage of* KEITH D. COOPER *and* RUBY A. SETTLES *. I further certify that the following marriage certificate was filed in my office: I,* DONALD S. SMOTHERS *(name), certify that on* 12-16-90 *(date), at* STILESVILLE *in* HENDRICKS *County, Indiana,* KEITH D. COOPER *of* HENDRICKS *County* IN *(state), and* RUBY A. SETTLES *of* HENDRICKS *County* IN *(state) were 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/ DONALD S. SMOTHERS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-20-90 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 700

File

12-17-90
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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Tupatsia Wiles

MALE APPLICANT

Name: First Daniel Middle John Last Clark

Date of Birth: Month 2 Day 27 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1015 W. Benton #59 City Iowa City County Iowa State

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) Dr. Rio.

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

6. (a) Full name of applicant's father Robert Monroe Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mishawaka Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Lenore Evelyn Daymark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Elkart Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant x Daniel J. Clark Date 12/17/90

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

Clerk of Court _____ Date _____

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

Signed x Daniel J. Clark

New Address _____

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

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Allyson Middle Lynnette Last Arvin

Date of Birth: Month 1 Day 10 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 9 Northridge Dr. City Danville County — State

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) Dr. Rio.

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

6. (a) Full name of applicant's father John Boaz Arvin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Linda Ann Craig
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville Ind.
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

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

Signature of Applicant x Allyson L. Arvin Date 12/17/90

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

Clerk of Court _____ Date _____

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

Signed x Allyson L. Arvin

New Address 1015 W. Benton #38 Iowa City IA

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

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-17-90 *, authorizing the marriage of* DANIEL JOHN CLARK *and* ALLYSON L. ARVIN *. I further certify that the following marriage certificate was filed in my office: I,* JAMES W. HARTLEY *(name), certify that on* 12-22-90 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DANIEL J. CLARK *of* JOHNSON *County* IN *(state), and* ALLYSON L. ARVIN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-17-90 *. Signed by:* /s/ JAMES W. HARTLEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-27-90 *(date).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

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

10

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 701

File

12-17-90 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 ☒ Yes ☐
If No, Medical Examination or Report Dated 12-13-90
Name of Physician Wm Edwards M.D.

MALE APPLICANT

Name: First Richard Middle Joseph Last Hughes Jr.

Date of Birth: Month 5 Day 3 Year 43

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

Residence Address: Street or R.R. 2828 Avon Rd City Plainfield County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-85

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

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

6. (a) Full name of applicant's father Richard Joseph Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) ~~Ind~~ Ohio
   (b) Full maiden name of applicant's mother Nancy Lou Ketchum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Richard J. Hughes Jr Date 12/17/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Richard J. Hughes Jr

New Address _____

Subscribed and sworn to before me this 17th day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle Marie Last Shultz

Date of Birth: Month 7 Day 14 Year 59

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

Residence Address: Street or R.R. 2535 Beechcrest Dr. City Indpls. County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-90

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Lic.

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

6. (a) Full name of applicant's father Daniel Albert Keeney Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lillian Marie Bradshaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

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

Signature of Applicant Debra M Shultz Date 12/17/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Debra M Shultz

New Address 2828 Avon Rd Plainfield In

Subscribed and sworn to before me this 17th day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-17-90 *, authorizing the marriage of* RICHARD JOSEPH HUGHES JR. *and* DEBRA MARIE SHULTZ *. I further certify that the following marriage certificate was filed in my office: I,* A. W. FARNSWORTH IV *(name), certify that on* 1-21-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* RICHARD J. HUGHES JR. *of* HENDRICKS *County* IN *(state), and* DEBRA MARIE SCHULTZ *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-28-90. *Signed by:* /s/ A. W. FARNSWORTH IV *,* CLERGY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-29-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 702

HENDRICKS County

File

12-17-90
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 ☑ Yes ☐
If No, Medical Examination or Report Dated 12-10-90
Name of Physician W. Lee

MALE APPLICANT

Name: First Chester Middle John Last Huston
Date of Birth: Month August Day 3 Year 1921
Place of Birth (State or foreign country) Bowling Green, Ohio, Wood County
Residence Address: Street or R.R. 955 N. Shiloh Rd. City Greenfield County Hancock State In 46234
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Chester John Huston
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dec.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Addie Lovell Graham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dec.
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Chester J. Huston Date 12/17/90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Chester J. Huston
New Address X 955 No. Shiloh Rd.
Subscribed and sworn to before me this 17th day of December, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Freville
Date of Birth: Month November Day 24 Year 1942
Place of Birth (State or foreign country) Louisville Kentucky, Jefferson Co.
Residence Address: Street or R.R. 3416 Adams Ct, Apt C. City Greenfield County Hancock State In 46205
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Walter R. Foushee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Leona Theresa Schoenbachler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dec.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Elizabeth A. Freville Date 12/17/90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Elizabeth A. Freville
New Address X 955 No. Shiloh Rd.
Subscribed and sworn to before me this 17th day of Dec., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-17-90 *, authorizing the marriage of* Chester John Huston *and* Elizabeth Ann Freville *. I further certify that the following marriage certificate was filed in my office: I,* Ezra Witt *(name), certify that on* January 1, 1991 *(date), at* Indianapolis *in* Marion *County, Indiana,* Chester John Huston *of* Hendricks *County* Indiana *(state), and* Elizabeth Ann Freville *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-17-90 *. Signed by:* Ezra Witt *,* Ordained Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 703

HENDRICKS County

File

12-17-90 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 ☑ Yes ☐
If No, Medical Examination or Report Dated 12-14-90
Name of Physician [illegible]

MALE APPLICANT

Name First Roland Middle L. Last Wand

Date of Birth Month Dec Day 27 Year 1943

Place of Birth (State or foreign country) In.

Residence Address 605 Silver Lake Dr. Street or R.R. City Mooresville County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 6-84

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

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

6. (a) Full name of applicant's father Thomas M. Wand
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ft Myers, Fl.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Florence M. Dinsinger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant x Roland L. Wand Date 12-17-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Roland L. Wand
New Address 304 N. Carr Rd Plainfield, In.

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Yolanda Middle M. Last Dickinson

Date of Birth Month Nov Day 9 Year 1948

Place of Birth (State or foreign country) In.

Residence Address 304 N. Carr Rd Street or R.R. Plainfield City In. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 2-89

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

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

6. (a) Full name of applicant's father Francis G. Yeager
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N. Vernon, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Elsie Dudley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant x Yolanda M. Dickinson Date 12/17/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Yolanda M. Dickinson
New Address Same

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

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-17-90 *, authorizing the marriage of* ROLAND L. WAND *and* YOLANDA M. DICKINSON *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* 12-26-90 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* IN ROLAND L. WAND *of* HENDRICKS *County* HENDRICKS IN *(state), and* YOLANDA M. DICKINSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-26-90 *. 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 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 704

File

12-18-90
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician David B. Haggard

MALE APPLICANT

Name: First Timothy Middle Ray Last Cavender

Date of Birth: Month 10 Day 27 Year 69 21

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. PO Box 933 City Pyd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Harold Ray Cavender
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Castleton Rd
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patricia Lynn Rothenberger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Timothy R Cavender Date 12-18-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Timothy R Cavender
New Address PO Box 933 Pyd.

Subscribed and sworn to before me this 18 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Daphne Middle Joann Last Pence

Date of Birth: Month 3 Day 1 Year 69 21

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 823 Vestal Rd. City Pyd. County State

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) Dr. Rpt.

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

6. (a) Full name of applicant's father Leonard Pence
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pyd. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carol Wales Pence
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pyd. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Daphne Pence Date 12/18/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Daphne Pence
New Address

Subscribed and sworn to before me this 18 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-18-90 *, authorizing the marriage of* Timothy Ray Cavender *and* Daphne Joann Pence *. I further certify that the following marriage certificate was filed in my office: I,* Jack L. McIntosh *(name), certify that on* 12-29-90 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Timothy Ray Cavender *of* Hendricks *County* Indiana *(state), and* Daphne Joann Pence *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* _____. *Signed by:* Jack L. McIntosh *,* Reverend *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-7-91 *(date).*

Signed Connie Lawson Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 705

HENDRICKS County

File

12-19-90
Date of Application

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

Female Applicant 50 No ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Joe M. Harrell, M.D.

MALE APPLICANT

Name: First Jeffrey Middle Ray Last Dempsey
Date of Birth: Month March Day 27 Year 1958
Place of Birth (State or foreign country): Kokomo Indiana Howard
Residence Address: Street or R.R. 1806 Berrard City Indpls County 46324 State
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 Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Charles Edward Dempsey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Donna Jan Lunsford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jeffrey Ray Dempsey Date 12/19/90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jeffrey Ray Dempsey
New Address X Same
Subscribed and sworn to before me this 19th day of Dec. , 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Vicki Middle Jo Last Vanzandt
Date of Birth: Month Indianapolis City Indiana Year Marion Co.
Place of Birth (State or foreign country)
Residence Address: 3205 N. Lakewood Lane Street or R.R. Indpls City 46234 County, State
(Born 6-12-67)
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 Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Lloyd George Vanzandt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Doris Evelyn Cutler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Vicki Jo Vanzandt Date X 12-19-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Vicki Jo Vanzandt
New Address X Same
Subscribed and sworn to before me this 19th day of Dec. , 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-19-90 *, authorizing the marriage of* Jeffrey Ray Dempsey *and* Vicki Jo Vanzandt *. I further certify that the following marriage certificate was filed in my office: I,* Donald E. Richards *(name), certify that on* 12-29-90 *(date), at* Indianapolis *in* Marion *County, Indiana,* Jeffrey Ray Dempsey *of* Marion *County* Indiana *(state), and* Vicki Jo VAnzandt *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* 12-19-90 *. Signed by:* Donald E. Richards *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 706

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 ☐ Yes ☐
If No, Medical Examination or Report Dated 12-17-90
Name of Physician Hooker

MALE APPLICANT

Name: First Craig Middle Neal Last Wilson
Date of Birth: Month 9 Day 21 Year 64
Place of Birth (State or foreign country) Abilene Ks.
Residence Address: Street or R.R. 1012 Stanley Rd. City Plainfield County State In.
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' Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Don Alan Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ks.
   (b) Full maiden name of applicant's mother Lt Dora Marie Haney
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Ks.

ACKNOWLEDGMENT

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

Signature of Applicant X Craig N. Wilson Date 12.20.90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Craig N. Wilson
New Address ENTRC

Subscribed and sworn to before me this 20th day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Christine Last Rose
Date of Birth: Month 11 Day 22 Year 55
Place of Birth (State or foreign country) Inpls, In
Residence Address: Street or R.R. 1012 Stanley Rd City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1988
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Emily Rose 8 yrs
   Nathan Rose 5 yrs
6. (a) Full name of applicant's father Robert Joseph Schollaert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fremont, Ca
   Birthplace of father (State or foreign country) Beaver Falls, PA
   (b) Full maiden name of applicant's mother Alice Jane Potter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre Haute, In
   Birthplace of mother (State or foreign country) Ill

ACKNOWLEDGMENT

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

Signature of Applicant X Julie Rose Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Julie Rose
New Address 1012 Stanley Rd Plf. IN

Subscribed and sworn to before me this 20th day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-90 *, authorizing the marriage of* CRAIG NEAL WILSON *and* JULIE CHRISTINE ROSE *. I further certify that the following marriage certificate was filed in my office: I,* ANN DAVIDSON *(name), certify that on* 12-29-90 *(date), at* FAIRFIELD FRIENDS *in* HENDRICKS *County, Indiana,* CRAIG NEAL WILSON *of* HENDRICKS *County* IN *(state), and* JULIE CHRISTINE ROSE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-31-90 *. Signed by:* /s/ ANN DAVIDSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 707

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First John Middle Simeon Last Bathurst
Date of Birth: Month Aug Day 21 Year 1966
Place of Birth (State or foreign country): Pennsylvania
Residence Address: Street or R.R. 1320 W Rockville Rd Apt C City Indpls County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Robert S Bathurst
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Bertha Rose Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

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

X Signature of Applicant John S Bathurst Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed John S Bathurst
New Address same

Subscribed and sworn to before me this 20 day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Maryanne Middle Last Linder
Date of Birth: Month Feb. Day 18 Year 1969
Place of Birth (State or foreign country): Kentucky
Residence Address: Street or R.R. 1320 W Rockville Rd Apt C City Indpls County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 William Carl Linder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Frances Faye Bowman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Maryanne Linder Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Maryanne Linder
New Address same

Subscribed and sworn to before me this 20 day of Dec, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 01-03-90 *, authorizing the marriage of* JOHN SIMEON BATHURST *and* MARYANNE LINDER *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM P. HENDRICKS *(name), certify that on* 7th of Jan. 1991 *(date), at* WASHINGTO TOWNSHIP *in* HENDRICKS *County, Indiana,* JOHN S. BATHURST *of* HENDRICKS *County* Indinaa *(state), and* MARYANNE LINDER *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 _____. Signed by:* WILLIAM P. HENDRICKS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-9-91 *(date).*

Signed /s/ Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 708

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 12-17-90
Name of Physician Stephen C. Yeager D.O.

MALE APPLICANT

Name: First Peter Middle Daryl Last Miller

Date of Birth: Month 6 Day 14 Year 69

Place of Birth (State or foreign country) Brattleboro, Vt.

Residence Address: Street or R.R. 775 Main St apt 7 City Fitchburg County State MA.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Paul Kramuel Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Vernon, Vt.
   Birthplace of father (State or foreign country) Vt
   (b) Full maiden name of applicant's mother Mary Ellen Budd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Vernon, Vt.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

Signature of Applicant Peter D. Miller Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Peter D. Miller

New Address _____

Subscribed and sworn to before me this 20th day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Pauline Last Harding

Date of Birth: Month 7 Day 14 Year 70

Place of Birth (State or foreign country) St. Joseph, Mi.

Residence Address: Street or R.R. RR#3 Box 326 A. City Clayton, County, State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Dallas Tedar Harding Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Walzenburg. Co.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Phyllis Virginia Lutz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Walzenburg. Co.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Angela P. Harding Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Angela P. Harding

New Address _____

Subscribed and sworn to before me this 20th day of Dec, 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-90, *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 *(date), at* Clayton Christian Church *in* Hendricks *County, Indiana,* Peter Daryl Miller *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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 709

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Bonnie R. Strate

MALE APPLICANT

Name: First Scott Middle A. Last Poling

Date of Birth: Month 8 Day 18 Year 67

Place of Birth (State or foreign country): New Jersey

Residence Address: Street or R.R. 750 Chestnut Ave. City Mamora County NJ State 08223-1167

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Raymond Lester Poling
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) New Jersey
   (b) Full maiden name of applicant's mother Marilyn Ann Reiff
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Jersey
   Birthplace of mother (State or foreign country) New Jersey

ACKNOWLEDGMENT

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

Signature of Applicant Scott Poling Date 12/20/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Scott Poling
New Address Dallas, Texas

Subscribed and sworn to before me this 20th day of December, 19 90

Bonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Carla Middle R Last Curry

Date of Birth: Month 9 Day 25 Year 67

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 7710 N. 650 E. City Brownsburg County State IN 46112

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 George William Curry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Tonda Lee Pemberton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Carla R. Curry Date 12-20

The above applicant has 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 Carla R. Curry
New Address Dallas, Texas

Subscribed and sworn to before me this 20th day of December, 19 90

Bonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-90 *, authorizing the marriage of* SCOTT ALLAN POLING *and* CARLA RHEA CURRY *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE W. CURRY *(name), certify that on* 12-29-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* IN *SCOTT ALLAN POLING of* CAPE MAY *County* NEW JERSEY *(state), and* *CARLA RHEA CURRY 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* 12-29-90 *. Signed by:* /s/ GEORGE W. CURRY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-2-91 *(date).*

Signed Bonnie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 710

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Thomas Wisler

MALE APPLICANT

Name: First John Middle Bradley Last Harris
Date of Birth: Month 10 Day 20 Year 64
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 505 Brandon Dr. City Indpls. County Hend. State Ind.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Destiney Harris
   Dustin Harris
6. (a) Full name of applicant's father George Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) Ohio.
   (b) Full maiden name of applicant's mother Mary Rose McClarnie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Iowa.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x John Bradley Harris Date Dec 20

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x John Bradley Harris
New Address Same As Above
Subscribed and sworn to before me this 20 day of Dec., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sharon Middle Kay Last Russell
Date of Birth: Month 7 Day 17 Year 52
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 505 Brandon Dr. City Indpls. County Hend. State IN. 127 N. Pickett Pkwd.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeremy Vogel
   Robert Bradley Russell
6. (a) Full name of applicant's father Richard Leroy Benge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ind. Pkwd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Delsie Jameson Butler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pkwd. Ind.
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Sharon K Russell Date Dec 20

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Sharon K Russell
New Address _____
Subscribed and sworn to before me this 20 day of Dec., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-90 *, authorizing the marriage of* JOHN B. HARRIS *and* SHARON K. RUSSELL *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 12-20-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN B. HARRIS *of* MARION *County* IN *(state), and* SHARON K. RUSSELL *of* HENDRICKS *County* IN *(state) were 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).*

Signed Cynthia J. Spence *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 711

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Donald Lower

MALE APPLICANT

Name: First Daniel Middle D. Last Close

Date of Birth: Month 2 Day 21 Year 68

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 320 Holiday Dr. City Plainfield County Hendricks State In

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Garry Lee Close
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Janice Ann Teagle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant X Daniel Close Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Daniel Close

New Address

Subscribed and sworn to before me this 20 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

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

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle D. Last Turner

Date of Birth: Month 12 Day 28 Year 70

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6662 W. 375 N. City Brownsville County Hendricks State In

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Kenneth Turner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Joan Phyllis Dean
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

Signature of Applicant X Angela Turner Date 12-20-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Angela Turner

New Address

Subscribed and sworn to before me this 20 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-20-90 *, authorizing the marriage of* DANIEL GENE CLOSE *and* ANGELA DENEE TURNER *. I further certify that the following marriage certificate was filed in my office: I,* DWIGHT S. BRADFORD *(name), certify that on* 12-29-90 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DANIEL GENE CLOSE *of* HEDNRICKS *County* IN *(state), and* ANGELA DENEE TURNER *of* JOHNSON *County* IN *(state) were 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 717

HENDRICKS County

File

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
Name of Physician Dr Akal

MALE APPLICANT

Name First Elias Middle Rebollar Last

Date of Birth Month 7 Day 20 Year 60

Place of Birth (State or foreign country) El Saxon Michoacan

Residence Address Street or R.R. Danville In City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

Resident Alien Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jaime Rebollar, Margarita Rebollar
6. (a) Full name of applicant's father Eluterio Rebollar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mexico
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Margarita Bustos
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mexico
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Elias Rebollar Date 12-21-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Elias Rebollar
New Address
Subscribed and sworn to before me this 21 day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Gloria Middle Cruz Last

Date of Birth Month 11 Day 14 Year 64

Place of Birth (State or foreign country) El Jamuriddo, Mich. Mexico

Residence Address Street or R.R. 1077 State Rd 39 City Danville In County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Salvador Cruz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mexico
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Hermelia Galarza
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mexico
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Gloria Cruz Date 12-21-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Gloria Cruz
New Address
Subscribed and sworn to before me this 21 day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-21-90 *, authorizing the marriage of* ELIAS REBOLLAR *and* GLORIA CRUZ *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 12-21-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ELIAS REBOLLAR *of* HENDRICKS *County* IN *(state), and* GLORIA CRUZ *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-21-90 *. Signed by:* /s/ CYNTHIA J. SPENCE *,* 1ST DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 12-21-90 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 713
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 ☐
If No, Medical Examination or Report Dated 12-18-90
Name of Physician Daniel A Schnuda

MALE APPLICANT

Name: First Joseph Middle Anthony Last Neill
Date of Birth: Month 12 Day 17 Year 43
Place of Birth (State or foreign country) Naples, In
Residence Address: Street or R.R. 5980 Williams Dr City Clayfield County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you 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 John Walter Neill
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayfield, Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Rose Neill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Joseph A. Neill Date 12-26-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Joseph A. Neill
New Address SAME
Subscribed and sworn to before me this 26 day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Laura Middle Lynne Last Conover
Date of Birth: Month 1 Day 25 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1184 Holly Lane City Algonquin County McHenry State Ill
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you 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 Larry Alan Conover
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Naples, Indiana
   Birthplace of father (State or foreign country) "
   (b) Full maiden name of applicant's mother Nancy Ann Somers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Illinois
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Laura Lynne Conover Date 12/26/90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Laura Lynne Conover
New Address same as above
Subscribed and sworn to before me this 26th day of Dec, 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-90 *, authorizing the marriage of* Joseph Anthony Neill *and* Laura Lynne Conover *. I further certify that the following marriage certificate was filed in my office: I,* Ronald D. Reed *(name), certify that on* 1-5-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Joseph Anthony Neill *of* Hendricks *County* Indiana *(state), and* Laura Lynne Conover *of* McHenry *County* Illinois *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 714

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Steven Conley

MALE APPLICANT

Name: First Melvin Middle Lee Last Wallace

Date of Birth: Month 11 Day 19 Year 49

Place of Birth (State or foreign country) North Carolina

Residence Address: Street or R.R. 1670 Inspiration Dr. City Richmond County VA State 23235

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Herbert Curtis Wallace
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Joyce Elaine Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Virginia
   Birthplace of mother (State or foreign country) NorthCarolina

ACKNOWLEDGMENT

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

Signature of Applicant Melvin L. Wallace Date 12/26/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Melvin L. Wallace 34709

New Address 11045 Bristol Bay Blvd #812 Bradenton, FL

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Sue Last Riser

Date of Birth: Month 7 Day 12 Year 43

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 925 Oakwood Ct. City Plainfield County IN State 46168

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 John Nacoff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Bulgaria
   (b) Full maiden name of applicant's mother Martha Leona McCarthur
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

Signature of Applicant Diana S. Riser Date 12-26-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Diana S. Riser

New Address 11045 Bristol Bay Blvd #812 Bradenton FL.

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-90 *, authorizing the marriage of* Melvin Lee Wallace *and* Diana Sue Riser *. I further certify that the following marriage certificate was filed in my office: I,* Robert F. Gammon *(name), certify that on* 12-28-90 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Melvin Lee Wallace *of* Manatee *County* Florida *(state), and* Diana Sue Riser *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* 12-26-90 *. Signed by:* Rovert F. Gammon *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-7-91 *(date).*

Signed Connie Lawson Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 715

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 9/25-90
Name of Physician Patricia Ind., N.Y.

MALE APPLICANT

Name: First Jason N Middle Earl Last Albrecht

Date of Birth: Month March Day 3 Year 1966

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

Residence Address: Street or R.R. 52 Hickory Road, City Brownsburg, County, State In.

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☑
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father George Delano Albrecht
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Barbara Jean Ashworth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant X Jason E. Albrecht Date 12/26/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Jason E. Albrecht
New Address 52 Constable Rd. Apt., Newmarket, NH 03857

Subscribed and sworn to before me this 26th day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: (Vicky) First Wei Middle Feng, Last Chang

Date of Birth: Month Taipei, Day Taiwan, Year ROC

Place of Birth (State or foreign country): November 2, 1966

Residence Address: Street or R.R. 57 Pico Rd., City Clifton Park, County, State N.Y. 12065

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Chen Mo Chang
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) N.Y.
   Birthplace of father (State or foreign country) China
   (b) Full maiden name of applicant's mother Tri Mo Wu
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) N.Y.
   Birthplace of mother (State or foreign country) China

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Wei Feng Chang Date 12/26/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Wei Feng Chang
New Address 2 Constable Rd Apt New Market, NH 03857

Subscribed and sworn to before me this 26th day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-90 *, authorizing the marriage of* JASON EARL ALBRECHT *and* WEI FENG CHANG *. I further certify that the following marriage certificate was filed in my office: I,* ROBERT J. GILDAY *(name), certify that on* 12-29-90 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* JASON EARL ALBRECHT *of* HENDRICKS *County* INDIANA *(state), and* IN WEI FENG CHANG *of* SARATOGA SPRINGS *County* NEW YORK *(state) were 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/ ROBERT J. GILDAY *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 716

HENDRICKS County

File

12-24-90
Date of Application

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

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Stephen L. Yeager

MALE APPLICANT

Name: First Timothy Middle R. Last Howard

Date of Birth: Month 8 Day 3 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1008 Valley View Dr. Apt. 3 City Pkgd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Timothy Jr. & Mark Anthony Howard
6. (a) Full name of applicant's father Eugene Howard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Beech Grove Ind
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Beatrice Ann Queen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) W. VA

ACKNOWLEDGMENT

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

Signature of Applicant X Timothy R. Howard Date 12/26/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Timothy R. Howard

New Address _____

Subscribed and sworn to before me this 26 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle C. Last Wade

Date of Birth: Month 1 Day 10 Year 67

Place of Birth (State or foreign country) CA

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

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sierra Wade
6. (a) Full name of applicant's father Roger D. Beach
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nashville TN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Jane Hokett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dane
   Birthplace of mother (State or foreign country) Mt. Pleasant Michigan

ACKNOWLEDGMENT

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

Signature of Applicant X Lisa C. Wade Date 12/26/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Lisa C. Wade

New Address _____

Subscribed and sworn to before me this 26 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-26-90 *, authorizing the marriage of* TIMOTHY R. HOWARD *and* LISA C. WADE *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* 12-29-90 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* TIMOTHY R. HOWARD *of* HENDRICKS *County* IN *(state), and* LISA C. WADE *of* HENDRICKS *County* IN *(state) were 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 717

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Reuben Middle Scott Last
Date of Birth: Month Jan Day 30 Year 1955
Place of Birth (State or foreign country)
Residence Address: 2414 Richmond Rd. Lexington Ky. 40511
Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Maurice Scott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mt Sterling, Ky
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Ruth Turner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, Va.
   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 X Reuben Scott Date 12-26-90

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

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Reuben Scott
New Address Same
Subscribed and sworn to before me this 26 day of Dec., 19 90
Connie Lyons Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Susan Middle R. Last Oberkrom
Date of Birth: Month Nov Day 4 Year 1955
Place of Birth (State or foreign country) Minn.
Residence Address: 1180 W. Lincoln, Danville, Ky.
Street or R.R. City County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 9-90
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Don Tillman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, Ky.
   Birthplace of father (State or foreign country) Miss.
   (b) Full maiden name of applicant's mother Doris Erickson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Naples, Fla.
   Birthplace of mother (State or foreign country) Miss.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Susan Oberkrom Date 12-26-90

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

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susan Oberkrom
New Address 2414 Richmond Rd Lexington, Ky
Subscribed and sworn to before me this 26 day of Dec, 19 90
Connie Lyons Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated , authorizing the marriage of and . I further certify that the following marriage certificate was filed in my office: I, (name), certify that on (date), at in County, Indiana, of County (state), and of County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* *HENDRICKS* *County, Indiana, dated . Signed by: , (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).*

Signed *Clerk*
HENDRICKS *Circuit Court*

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

No. 719

HENDRICKS County

File

Dec. 27, 1990
Date of Application

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

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

MALE APPLICANT

Name: First Duane Middle Kurtis Last Higgins

Date of Birth: Month Dec. Day 1 Year 1966

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

Residence Address: Street or R.R. 3986 Vinings Dr. #27 City Cincinnati County Clermont State OH 45245

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)

Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Kurtis Wayne Higgins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nancy Diane Kelly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Duane K Higgins Date 12-27-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Duane K Higgins
New Address Same

Subscribed and sworn to before me this 27 day of Dec., 19 90

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Mindy Middle Anne Last Simmons

Date of Birth: Month Oct. Day 25 Year 1968

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

Residence Address: Street or R.R. R.R. #1 Box 179 City Stilesville County (Hend.) State In. 46180

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)

Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jean Simmons
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Karen Jeanne Kay
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville In.
   Birthplace of mother (State or foreign country) Putnam Co. 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 Mindy A. Simmons Date 12-27-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Mindy A. Simmons
New Address 3986 Vinings Dr. #27 Cincinnati, OH 45245

Subscribed and sworn to before me this 27 day of Dec., 19 90

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-90 *, authorizing the marriage of* DUANE K. HIGGINS *and* MINDY A. SIMMONS *. I further certify that the following marriage certificate was filed in my office: I,* GARY C. BLACK *(name), certify that on* 12-29-90 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* IN
DUANE K. HIGGINS *of* CLERMONT *County* OHIO *(state), and* _____
MINDY A. SIMMONS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-90 *.*
Signed by: /s/ GARY C. BLACK *,* MINISTER *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 1-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 720

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Westendick, M.D.

MALE APPLICANT

Name: First Gary Middle Joe Last Lux

Date of Birth: Month 4 Day 11 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 242 Pinnacle Lyn City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jack Wallace Lux
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greensburg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Nancy Jane Strasburger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Gary J. Lux Date 12/27/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Gary J. Lux
New Address Same as Above

Subscribed and sworn to before me this 27 day of Dec., 19 90

Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Martha Middle Jane Last Saler

Date of Birth: Month 7 Day 6 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1007 Pamela Dr. City Plfd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Frederick William Saler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greensburg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rita Jan Fischer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Martha Jane Saler Date 12-27-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Martha Jane Saler
New Address _____

Subscribed and sworn to before me this 27 day of Dec., 19 90

Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12.27.90 *, authorizing the marriage of* GARY JOE LUX *and* MARTHA JANE SALER *. I further certify that the following marriage certificate was filed in my office: I,* JOHN GEIS *(name), certify that on* 2-9-91 *(date), at* GREENSBURG *in* DECATUR *County, Indiana,* GARY JOE LUX *of* HENDRICKS *County* IN *(state), and* MARTHA JANE SALER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-9-91 *. Signed by:* /s/ JOHN GEIS *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-13-91 *(date).*

Signed Connie Spencer *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 721

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Rebecca Hall

MALE APPLICANT

Name: First Monte Middle D. Last Smith Jr.

Date of Birth: Month 5 Day 21 Year 64

Place of Birth (State or foreign country) CA

Residence Address: Street or R.R. RR 1 Box 177-A City Pittsboro County State

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) Dr. Rec.

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

6. (a) Full name of applicant's father Monte D. Smith Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Louise R. Overholtz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) CA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Monte D. Delane Smith Jr. Date 12-27-90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Monte D. Delane Smith Jr.

New Address _____

Subscribed and sworn to before me this 27 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Ruth Middle E. Last Craig

Date of Birth: Month 6 Day 19 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 82 E. Clinton City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

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

6. (a) Full name of applicant's father Ernest G. Sisco
   (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 Lucille Riggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lakeland FL
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Ruth E. Craig Date 12/27/90

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Ruth E. Craig

New Address Same as above

Subscribed and sworn to before me this 27 day of Dec., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-27-90, *authorizing the marriage of* Monte D. Smith, Jr. *and* Ruth E. Craig. *I further certify that the following marriage certificate was filed in my office: I,* Jerry G. Vanlue *(name), certify that on* January 12, 1991 *(date), at* Danville Apostolic Church *in* Hendricks *County, Indiana,* Monte D. Smith, Jr. *of* Hendricks *County* Indiana *(state), and* Ruth E. Craig *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* 12-27-90. *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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 722

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 John Middle Carlyle Last Shearer
Date of Birth: Month April Day 10, Year 1969
Place of Birth (State or foreign country): Berea Madison Co, Kentucky
Residence Address: Street or R.R. R.R. #1 Box 171 City Quincy, County, State In. 47456
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Desiree Shearer
6. (a) Full name of applicant's father John Taylor Shearer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) In.
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Betty Thelma Cameron
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X J. Carlyle Shearer Date X 12-28-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X J. Carlyle Shearer
New Address X RR #1 Box 171 Quincy Ind. 47456
Subscribed and sworn to before me this 28th day of Dec., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Wanda Middle Marie Last Harvey
Date of Birth: Month April Day 29, Year 1972
Place of Birth (State or foreign country): Danville In. Hendricks County
Residence Address: Street or R.R. P.O. Box 12 City Lizton, County Indiana State 46149
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Desiree Shearer
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 Donna Marie Harvey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Wanda Marie Harvey Date X 12-28-90

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Wanda Marie Harvey
New Address X RR #1 Box 171 Quincy, In. 47456
Subscribed and sworn to before me this 28th day of Dec., 19 90
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 12-28-90 *, authorizing the marriage of* JOHN CARLYLE SHEARER *and* WANDA MARIE HARVEY *. I further certify that the following marriage certificate was filed in my office: I,* DORIS BEASLEY *(name), certify that on* 12-29-90 *(date), at* QUINCY *in* OWEN *County, Indiana,* JOHN CARLYLE SHEARER *of* OWEN *County* IN *(state), and* WANDA MARIE HARVEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 12-29-90 *. Signed by:* /s/ DORIS BEASLEY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. [redacted]/1

HENDRICKS County

File

1-3-91
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
Name of Physician Ronald Stegmoller

MALE APPLICANT

Name: First Richard Eugene Middle Parkison Jr. Last

Date of Birth: Month 12 Day 11 Year 69

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6520 Raceway Rd, City Camby, County Hendricks, State In

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Richard Eugene Parkison Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Suzanne Claire Parkison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Oregon Va.

ACKNOWLEDGMENT

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

Signature of Applicant X Richard E Parkison Jr Date 1/3/91

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/

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Richard E Parkison Jr

New Address

Subscribed and sworn to before me this 3rd day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

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

_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle Leigh Last McClellan

Date of Birth: Month 8 Day 30 Year 72

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6520 Raceway Rd, City Camby, County Hendricks, State Ind.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Melvin Lee McClellan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marilyn Kay Watkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Laura L. McClellan Date 1/3/91

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) ss:

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

Signed X Laura L. McClellan

New Address

Subscribed and sworn to before me this 3rd day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-3-91 *, 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), at* CAMBY *in* HENDRICKS *County, Indiana,* RICHARD E. PARKISON JR. *of* HENDRICKS *County* IN *(state), and* LAURA L. McCLELLAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-91 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2

File

1-3-91
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
Name of Physician

MALE APPLICANT

Name: First William Middle Burel Last Ensor
Date of Birth: Month 02 Day 09 Year 30
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. Rt 1, Box 165 City Coatesville County Hendricks State IN 46121
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Jessie Burel 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 Eula Clay Burk
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant William Burel Ensor Date 01-03-91

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) ss:

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

Signed William Burel Ensor
New Address 330 Greenwood Ave. Apt 103 Greencastle 46135

Subscribed and sworn to before me this 3rd day of January, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Martha Middle June Last Goode
Date of Birth: Month 09 Day 10 Year 29
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. Apt. 103 City County Putnam State IN
330 Greenwood Ave, Greencastle, Putnam, IN
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father Andrew Forest Sutherlin
   (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 Ethel Ladona Langdon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant Martha June Goode Date 01-03-91

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) ss:

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

Signed Martha June Goode
New Address same as above

Subscribed and sworn to before me this 3rd day of January, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 01-03-91, *authorizing the marriage of* WILLIAM B. ENSOR *and* MARTHA J. GOODE. *I further certify that the following marriage certificate was filed in my office: I,* PAUL H. BOWEN *(name), certify that on* 1-19-91 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* WILLIAM B. ENSOR *of* HENDRICKS *County* IN *(state), and* MARTHA J. GOODE *of* PUTNAM *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-91. *Signed by:* /s/ PAUL H. BOWEN, SR. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-24-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 3

File

1-3-91
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
Name of Physician Stephen C. Hargis

MALE APPLICANT

Name: First Joseph Middle Lee Last Bivens Jr.
Date of Birth: Month 10 Day 30 Year 64
Place of Birth (State or foreign country) Pontiac Michigan
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Melissa Marie Bivens, Joseph Lee Bivens III
6. (a) Full name of applicant's father Joseph Lee Bivens Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lake Orion Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Dorsita Lee Beard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pyd. IN
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Joseph Lee Bivens Date 1-3-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Joseph Lee Bivens Jr.
New Address
Subscribed and sworn to before me this 3 day of 1, 19 91
Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Nyla Middle Ann Last Reeves
Date of Birth: Month 12 Day 13 Year 66
Place of Birth (State or foreign country) Muncie IN
Residence Address: Street or R.R. 1423 Rose St. City Pyd. County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Nyla A. Reeves Date 1-3-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Nyla A. Reeves
New Address
Subscribed and sworn to before me this 3 day of 1, 19 91
Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-3-91 *, authorizing the marriage of* JOSEPH LEE BIVENS JR. *and* NYLA ANN REEVES *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 1-3-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH LEE BIVENS JR. *of* HENDRICKS *County* IN *(state), and* NYLA ANN REEVES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-3-91 *. 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* 1-3-91 *(date).*

Signed Connie Spencer *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 4

File

1-4-91 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 Charles W. Tripple, M.D.

MALE APPLICANT

Name: First Darrell Middle William Last Cox
Date of Birth: Month February Day 8 Year 1936
Place of Birth (State or foreign country): Pasadena, Ca.
Residence Address: Street or R.R. 11435, Maple Lane, City INDPLS., County , State IN 46231
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father William Franklin Cox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dec.
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of applicant's mother Glennie Richardson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Darrell W. Cox Date 11/04/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Darrell W. Cox
New Address X 11435 MAPLE LANE, INDPLS IN 46231
Subscribed and sworn to before me this 4th day of January 1991
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Jill Last Beard
Date of Birth: Month 4 Day 26 Year 49
Place of Birth (State or foreign country): MARION, IN.
Residence Address: Street or R.R. 842 E. MAIN ST. City Plainfield, County In. State 46168
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Stephen J.E. BEARD
6. (a) Full name of applicant's father Twila Vedmer Dollar
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dec.
   Birthplace of father (State or foreign country) IN.
   (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.
   Birthplace of mother (State or foreign country) IN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Susan J Beard Date X 11/4/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susan J Beard
New Address X 11435 MAPLE LN, INDPLS IN 46231
Subscribed and sworn to before me this 4th day of January 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-91 *, authorizing the marriage of* Darrell W. Cox *and* ~~Susan J. Beard~~ *. I further certify that the following marriage certificate was filed in my office: I,* Dr.Larry Lilly *(name), certify that on* 1-4-91 *(date), at* Maple Grove Baptist Church *in* Hendricks *County, Indiana,* Darrell W. Cox *of* Hendricks *County* Indiana *(state), and* Susan J. Beard *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* 1-14-91 *. Signed by:* ~~Larry Lilly~~ *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 5

File

1-4-91
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

Name: First LARRY Middle GENE Last Silkwood
Date of Birth: Month 12 Day 10 Year 37
Place of Birth (State or foreign country): CLINTON, IN
Residence Address: Street or R.R. RR2, BOX 227 City CLAYTON County HENDRICKS State IN 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Oper lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. N/A
6. (a) Full name of applicant's father JOSEPH ELMER SILKWOOD
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) CHRISTMAS, FL
   Birthplace of father (State or foreign country) JASONVILLE, IN
   (b) Full maiden name of applicant's mother LAURA LEONA FALLS
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) 8 E. MAPLE, WENTZVILLE, MD
   Birthplace of mother (State or foreign country) CLINTON, 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 Barry G Silkwood Date 1-04-91

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) ss:

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

Signed Barry G Silkwood
New Address Same as above

Subscribed and sworn to before me this 4th day of JANUARY, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First SAUNDRA Middle STORM Last SHEPPERD
Date of Birth: Month 11 Day 05 Year 36
Place of Birth (State or foreign country): INDPLS., IN
Residence Address: Street or R.R. RR2, BOX 227 City CLAYTON County HENDRICKS State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Oper lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. n/a
6. (a) Full name of applicant's father ROBERT E. LEE SHEPPERD
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) MONTICELLO, KY
   (b) Full maiden name of applicant's mother ROSIE KNIGHT
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Monticello, Ky

ACKNOWLEDGMENT

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

Signature of Applicant Saundra S Shepperd Date 1-04-91

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) ss:

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

Signed Saundra S Shepperd
New Address

Subscribed and sworn to before me this 4th day of JANUARY, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 01-04-90 *, authorizing the marriage of* LARRY GENE SILKWOOD *and* SAUNDRA STORM SHEPPERD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 1-4-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* LARRY GENE SILKWOOD *of* HENDRICKS *County* IN *(state), and* SAUNDRA STORM SHEPPERD *of* HENDRICKS *County* IN *(state) were 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:* /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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 6

File

1-4-91
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 Sandy Bowen

MALE APPLICANT

Name: First Douglas Middle Enoch Last Shircliff

Date of Birth: Month 8 Day 7 Year 42

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2205 Sunny Dr. City B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

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

6. (a) Full name of applicant's father Majel Alvin Shircliff
   (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 Lesta Laura Hollingsworth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Douglas E. Shircliff Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Douglas E. Shircliff

New Address

Subscribed and sworn to before me this 4 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Karen Middle Dienna Last Riley

Date of Birth: Month 8 Day 9 Year 58

Place of Birth (State or foreign country) Georgia

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

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

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

6. (a) Full name of applicant's father ~~David~~ Waldrop
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Georgia
   (b) Full maiden name of applicant's mother Betty P. Weaver
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) Georgia

ACKNOWLEDGMENT

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

Signature of Applicant X Karen D. Riley Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Karen D. Riley

New Address

Subscribed and sworn to before me this 4 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-4-91 *, authorizing the marriage of* Douglas E. Shircliff *and* Karen D. Riley *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 1-4-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Douglas E. Shircliff *of* Hendricks *County* Indiana *(state), and* Karen D. Riley *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* 1-4-91 *. Signed by:* Cynthia J. Spence *,* Deputy clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-7-91 *(date).*

Signed Connie Lawson Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 7

File

1-8-91
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 Donald R. Johnson

MALE APPLICANT

Name First: Charles Middle: David Last: Brock
Date of Birth Month: April Day: 03 Year: 1969
Place of Birth (State or foreign country): Danville, In.
Residence Address Street or R.R.: R.R. #1 Box 162B City: Stilesville County: Stilesville State: In.
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Charles Keith Brock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Rose Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David Brock Date X1-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X David Brock
New Address X R.R. #1 Box 162B Stilesville
Subscribed and sworn to before me this 8th day of Jan, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Kristina Middle: Louise Last: Walton
Date of Birth Month: August Day: 17 Year: 1970
Place of Birth (State or foreign country): Danville, In.
Residence Address Street or R.R.: 2801 S. 350 W. City: Danville County: Danville State: In.
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Ted Stanley Walton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ella May Wise
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kristina L Walton Date X1-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kristina L Walton
New Address X R.R. 1 BOX 162-B Stilesville
Subscribed and sworn to before me this 8th day of Jan, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-8-91 *, authorizing the marriage of* CHARLES DAVID BROCK *and* KRISTINE LOUISE WALTON *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE PLASTERER *(name), certify that on* 1-19-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* CHARLES DAVID BROCK *of* HENDRICKS *County* IN *(state), and* KRISTINE LOUISE WALTON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-19-91 *. Signed by:* /s/ GEORGE PLASTERER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-23-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 8

HENDRICKS County

File

1-9-91
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 David Haggard

MALE APPLICANT

Name: First Douglas Middle — Last Kemp

Date of Birth: Month Mar Day 18 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 10 Locust Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

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

ACKNOWLEDGMENT

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

Signature of Applicant X Douglas Kemp Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Douglas Kemp

New Address

Subscribed and sworn to before me this 9 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Linda Middle A. Last Batton

Date of Birth: Month Sept Day 24 Year 1951

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 10 Locust Dr. City Plainfield County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clarence Conner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Mary Jeskowitz
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

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

Signature of Applicant X Linda Batton Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Linda Batton

New Address

Subscribed and sworn to before me this 9 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-9-91 *, authorizing the marriage of* DOUGLAS KEMP *and* LINDA BATTON *. I further certify that the following marriage certificate was filed in my office: I,* JANICE S. CHILEWSKI *(name), certify that on* January 9, 1991 *(date), at* Danville *in* Hendricks *County, Indiana,* DOUGLAS KEMP *of* HENDRICKS *County* INDIANA *(state), and* LINDA BATTON *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* 1-9-91 *. Signed by:* JANICE S. CHILEWSKI *,* CHIEF DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-9-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 9

File

1-10-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician James Williams

MALE APPLICANT

Name: First Sean Middle A. Last Lynch
Date of Birth: Month Sept Day 14 Year 1958
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. 428 Thomas City Brownsburg County State
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) Dr. Timme

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☑
4. Are you 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 Samuel Joseph Lynch
   (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 Lenora Short
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sean A. Lynch Date 1-10-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Sean A. Lynch
New Address
Subscribed and sworn to before me this 10 day of Jan, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Pamela Middle K. Last Warshawsky
Date of Birth: Month July Day 6 Year 1965
Place of Birth (State or foreign country) Ind.
Residence Address: Street or R.R. Same City County State
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) Dr. Timme

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Jerry H. Warshawsky
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Carmel, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Eileen Diamond
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Naples, In.
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Pamela K. Warshawsky Date 01-10-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Pamela K. Warshawsky
New Address
Subscribed and sworn to before me this 10 day of Jan, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-10-91 *, authorizing the marriage of* SEAN A. LYNCH *and* PAMELA K. WARSHAWSKY *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM LEVY *(name), certify that on* 1-20-91 *(date), at* CARMEL *in* HAMILTON *County, Indiana,* II *SEAN A. LYNCH of* HENDRICKS *County* IN *(state), and* PAMELA K. WARSHAWSKY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-20-91 *. Signed by:* /s/ WILLIAM LEVY *,* JUDGE PRO-TEM *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-23-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 10

File

1-11-91
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 11-20-90
Name of Physician Stephen Hedges

MALE APPLICANT

Name: First Ronald Middle Lloyd Last Beaman

Date of Birth: Month 5 Day 24 Year 48

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 8243 Colt Drive City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Marc 20, Brian 17, Carl 9

6. (a) Full name of applicant's father Albert Lee Beaman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Ethel Mary Lloyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Ronald Beaman 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Ronald Beaman

New Address SAME

Subscribed and sworn to before me this 11th day of January, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle Sue Last Fisher

Date of Birth: Month 6 Day 27 Year 59

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 54 Echo Lake City Mooresville County Morgan State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Farrah 17

6. (a) Full name of applicant's father Robert Eugene Coker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Minnie Artilla Weeks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Debra S. Fisher 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Debra S. Fisher

New Address SAME

Subscribed and sworn to before me this 11th day of January, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-11-91 *, authorizing the marriage of* Ronald Lloyd Beaman *and* Debra Sue Fisher *. I further certify that the following marriage certificate was filed in my office: I,* William R. Clayton *(name), certify that on* 1-12-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Ronald Lloyd Beaman *of* Hendricks *County* Indiana *(state), and* Debra Sue Fisher *of* Morgan *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* 1-11-91 *. Signed by:* William R. Clayton *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-17-91 *(date).*

Signed Connie Lawson Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 11

File

1-11-91
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

Name: First Richard Middle L. Last Stearman

Date of Birth: Month 5 Day 17 Year 21

Place of Birth (State or foreign country) Walden, Illinois

Residence Address: Street or R.R. 3910 Avon Rd. City Klft. County Ind. State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jesse G. Stearman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Green Co. Ky
   (b) Full maiden name of applicant's mother Lillie Red Marcum
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Russell Co. Ky

ACKNOWLEDGMENT

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

Signature of Applicant X Richard L. 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Richard L. Stearman

New Address

Subscribed and sworn to before me this 11 day of Jan., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Katherine Middle L. Last Stearman

Date of Birth: Month 2 Day 1 Year 21

Place of Birth (State or foreign country) Pike Co. Indiana

Residence Address: Street or R.R. 9021 W 52nd St City Indpls. In. County State 46234

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Claude Ames
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Pike Co. Indiana
   (b) Full maiden name of applicant's mother Nonta Stone
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Pike Co. Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Katherine L. 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Katherine L. Stearman

New Address same

Subscribed and sworn to before me this 11 day of Jan., 19 90

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1--11-91 *, authorizing the marriage of* RICHARD L. STEARMAN *and* KATHERINE L. STEARMAN *. I further certify that the following marriage certificate was filed in my office: I,* PHILIP J. GABRIEL *(name), certify that on* 2-2-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RICHARD L. STEARMAN *of* HENDRICKS *County* IN *(state), and* KATHERINE L. STEARMAN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-91 *. 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 _____ *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 12

File

1-14-91 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 1-11-91
Name of Physician Stephen Heeger

MALE APPLICANT

Name: First Thomas Middle Keith Last Brentlinger

Date of Birth: Month 8 Day 10 Year 50

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR2 Box 313-3 City Clayton County Hendricks State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kari 13, Jeffrey 10, Christine 6
6. (a) Full name of applicant's father David Courtney Brentlinger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marian Virginia Jenks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Thomas K. Brentlinger Date 1/14/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Thomas K. Brentlinger

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Marsha Middle Ann Last Whisman

Date of Birth: Month 9 Day 29 Year 51

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. RR2 Box 313-3, City Clayton County Hendricks State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licnse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Joseph Howard Stewart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Barbara Dean Steeds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Missouri
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

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

Signature of Applicant Marsha A. Whisman Date 1/14/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Marsha A. Whisman

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-14-91 *, authorizing the marriage of* THOMAS KEITH BRENTLINGER *and* MARSHA ANN WHISMAN *. I further certify that the following marriage certificate was filed in my office: I,* LYNN R. DENISON *(name), certify that on* 1-26-91 *(date), at* TERRE HAUTE *in* VIGO *County, Indiana,* THOMAS K. BRENTLINGER *of* HENDRICKS *County* IN *(state), and* MARSHA ANN WHISMAN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-26-91 *. Signed by:* /s/ LYNN R. DENISON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-29-91 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

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

No. 13

HENDRICKS County

File

1-16-91
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

Name: First Robert Middle Lee Last Mitchell

Date of Birth: Month 7 Day 23 Year 36

Place of Birth (State or foreign country) Miami Cty (Peru) In.

Residence Address: Street or R.R. 636 Apt C City Lakeside Dr. County Plainfield State In.

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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Theodore Comet Mitchell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Texas
   (b) Full maiden name of applicant's mother ~~Laura~~ Lara Billey Irby Givens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Robert L Mitchell Date 1-16-91

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) ss:

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

Signed Robert L Mitchell

New Address

Subscribed and sworn to before me this 16th day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Juliana Middle Marie Last Hummel

Date of Birth: Month 6 Day 20 Year 41

Place of Birth (State or foreign country) 867 Gary Dr. Plainfield In.

Residence Address: Street or R.R. Terre Haute, In. City County State

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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Michael Hummel - 23 yrs.
   Joseph Hummel - 20 yrs. Christopher 15 yrs.
6. (a) Full name of applicant's father John Alexander Evon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beatrice Lavenza Aaron
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Juliana M. Hummel Date 1-16-91

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) ss:

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

Signed Juliana M. Hummel

New Address

Subscribed and sworn to before me this 16th day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-16-91 *, authorizing the marriage of* ROBERT LEE MITCHELL *and* JULIANA MARIE HUMMEL *. I further certify that the following marriage certificate was filed in my office: I,* RICHARD ZORE *(name), certify that on* 2-9-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ROBERT LEE MITCHELL *of* HENDRICKS *County* IN *(state), and* JULIANA MARIE HUMMEL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-9-91 *. 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 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 14

HENDRICKS County

File

January 17, 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 1/17/91
Name of Physician Joseph C. Kirlin

MALE APPLICANT

Name: First Michael Middle Ray Last Gray

Date of Birth: Month Sept Day 23 Year 1956

Place of Birth (State or foreign country): West Point New York

Residence Address: 1003 Street or R.R. W. Main City Danville County Hend. State In.

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)

Dennis Mc.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Leon Ray Gray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado Springs, Co.
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Eiko Kawamura
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado Springs, Co.
   Birthplace of mother (State or foreign country) Osaka, Japan

ACKNOWLEDGMENT

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

X Signature of Applicant Michael R Gray Date 1-17-91

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*) ss:

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

Signed Michael R Gray

New Address _____

Subscribed and sworn to before me this 17th day of Jan., 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Deckard

Date of Birth: Month May Day 4 Year 1962

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

Residence Address: 309 Street or R.R. W. Indiana St City Plainfield County Hend. State In.

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)

Dennis McGuire

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
   Luke Allen Jones
   Emily Anne "
6. (a) Full name of applicant's father Larry Keith Deckard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Edna Mae Dillard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Pamela S Deckard Date 1-17-91

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*) ss:

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

+ Signed Pamela S Deckard

New Address _____

Subscribed and sworn to before me this 17th day of Jan., 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-17-91 *, authorizing the marriage of* MICHAEL RAY GRAY *and* PAMELA SUE DECKARD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 1-25-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MICHAEL RAY GRAY *of* HENDRICKS *County* IN *(state), and* PAMELA SUE DECKARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-25-91 *. 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* 1-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

Re-Marriage

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 15

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

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 1-14-91
Name of Physician Stephen Haeger

MALE APPLICANT

Name: First James Middle A. Last Robinson
Date of Birth: Month Dec Day 8 Year 1951
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. Box 16, City Stilesville, County, State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-8-87
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. James Matthew Robinson, Jeremy Wade Robinson
6. (a) Full name of applicant's father John R. Robinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Molly Skaggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stilesville
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

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

Signature of Applicant James A Robinson Date

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed James A Robinson
New Address Box 16 Stilesville In 46180

Subscribed and sworn to before me this 18 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle K. Last Robinson
Date of Birth: Month May Day 22 Year 1953
Place of Birth (State or foreign country) Ohio
Residence Address: Street or R.R. Box 16 City Stilesville, County, State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 7-8-87
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Joshua Scott Spencer, Jeremy Wade Robinson
6. (a) Full name of applicant's father Darrell Malott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Kathleen Fregate
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Home
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

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

Signature of Applicant Deborah K. Robinson Date

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Deborah K. Robinson
New Address Box 16 Stilesville 46180

Subscribed and sworn to before me this 18 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-18-91 *, 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 *(name), certify that on* 1-18-91 *(date), at* Danville *in* Hendricks *County, Indiana,* James A. Robinson *of* Hendricks *County* Indiana *(state), and* Deborah K. Robinson *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* 1-18-91 *. Signed by:* Janice S. Chilewski *,* Chief Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-18-91 *(date).*

Signed Connie Lawson Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 16

File

1-18-91
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 under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 1-15-91
Name of Physician Charles Tripple

MALE APPLICANT

Name: First Douglas Middle Allen Last Wilcox

Date of Birth: Month 1 Day 24 Year 61

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 415, City Clayton, County Hendricks, State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Crystal 7
6. (a) Full name of applicant's father Edward Wilcox
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eleene Beatrice Wardell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Utah
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Douglas Wilcox Date 1-18-91

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) ss:

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

Signed X Douglas Wilcox

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Marie Last Gott

Date of Birth: Month 4 Day 26 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR1 Box 415, City Clayton, County Hendricks, State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Melissa Ann 16, Crystal Dawn 10
6. (a) Full name of applicant's father Billy Gene Baber
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joann Houston
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Patricia M Gott Date 1-18-91

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) ss:

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

Signed X Patricia M. Gott

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-18-91 *, authorizing the marriage of* DOUGLAS WILCOX *and* PATRICIA GOTT *. I further certify that the following marriage certificate was filed in my office: I,* JOHN HESSELDENZ *(name), certify that on* 1-18-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DOUGLAS WILCOX *of* HENDRICKS *County* IN *(state), and* PATRICIA GOTT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-18-91 *. Signed by:* /s/ JOHN HESSELDENZ *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-22-91 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 17

File

1-22-91
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 David B. Haggard

MALE APPLICANT

Name: First Steven Middle C Last Brizendine I

Date of Birth: Month 7 Day 29 Year 56

Place of Birth (State or foreign country) IN

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

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Wendy, Steven II
6. (a) Full name of applicant's father Charles Bernard Brizendine
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda Suzanne Carter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X [signature] 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X [signature]

New Address _____

Subscribed and sworn to before me this 22 day of 1, 19 91

[signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jane Middle Alice Last Payton

Date of Birth: Month 1 Day 4 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 943 Bowsdon Dr. City Pepd County Pepd State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Hebert William Payton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pepd IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Lucille W. Stark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pepd IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

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

Signature of Applicant X Jane Alice Payton 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Jane Alice Payton

New Address _____

Subscribed and sworn to before me this 22 day of 1, 19 91

[signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-22-91 *, authorizing the marriage of* STEVEN C. BRIZENDINE I *and* JANE A. PAYTON *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on* 3-2-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* STEVEN C. BRIZENDINE I *of* HENDRICKS *County* IN *(state), and* JANE A. PAYTON *of* HENDRICKS *County* IN *(state) were 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 *. Signed by:* /s/ WILLIAM R. CLAYTON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-5-91 *(date).*

Signed [signature] *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 18

File

1-23-91 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 Stephen Hoeger

MALE APPLICANT

Name: First Stephen Middle Charles Last Paradine

Date of Birth: Month 4 Day 20 Year 64

Place of Birth (State or foreign country) IN

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

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ronald Walter Paradine
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Janice Elaine Berry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fort Wayne IN
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

Signature of Applicant X Stephen Paradine Date 1/23/91

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) ss:

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

Signed X Stephen Paradine

New Address _____

Subscribed and sworn to before me this 23 day of Jan., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Stephanie Middle Leigh Last Geese

Date of Birth: Month 10 Day 25 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4875 Ridgehill Way P Lyd City County State

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Brian Edward Geese
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kokomo IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Alice Jane Mast
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kokomo IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Stephanie Geese Date 1/23/91

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) ss:

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

Signed X Stephanie Geese

New Address _____

Subscribed and sworn to before me this 23 day of Jan., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-23-91 *, authorizing the marriage of* STEPHEN C PARADINE *and* STEPHANIE L. GEESE *. I further certify that the following marriage certificate was filed in my office: I,* NEIL E. ANDERSON *(name), certify that on* 1-26-91 *(date), at* VALPARAISO *in* PORTER *County, Indiana,* STEPHEN C. PARADINE *of* MARION *County* IN *(state), and* STEPHANIE L. GEESE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-26-91 *. Signed by:* /s/ NEIL E. ANDERSON *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-5-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19

File

1-23-91 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 Steven Steiger

MALE APPLICANT

Name: First Dennis Middle Dean Last Glaze

Date of Birth: Month November Day 25 Year 1962

Place of Birth (State or foreign country): Marion County, Indiana

Residence Address: Street or R.R. 320 Wayside Dr. City, County Plainfield, State In. 46168

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Warren Glaze
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ky.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother EESIE Violet Linder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant X Dennis D. Glaze Date 1-23-91

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

Clerk of Court X Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Dennis D. Glaze
New Address X Same

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

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother ID #

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

____ Clerk

FEMALE APPLICANT

Name: First Shirley Middle Teresa Last Williamson

Date of Birth: Month May Day 4 Year 1956

Place of Birth (State or foreign country): Cocke Co. Newport Tennessee

Residence Address: Street or R.R. 320 Wayside Dr. City, County Plainfield, State 46168

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Phillip Brent Williamson, Christopher Allen Williamson
6. (a) Full name of applicant's father William Edgar Carlisle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Tn.
   Birthplace of father (State or foreign country) Tn.
   (b) Full maiden name of applicant's mother Opal Self
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tn.
   Birthplace of mother (State or foreign country) Tn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Shirley Williamson Date 1-23-91

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) ss:

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

Signed X Shirley Williamson
New Address X Same

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

____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 ____ and filed in ____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-23-91 *, authorizing the marriage of* DENNIS DEAN GLAZE *and* SHIRLEY TERESA WILLIAMSON *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM W. HATCHEL *(name), certify that on* 1-28-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DENNIS DEAN GLAZE *of* HENDRICKS *County* IN *(state), and* SHIRLEY TERESA WILLIAMSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-28-91 *. Signed by:* /s/ WILLIAM W. HATCHEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 1-31-91 *(date).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 20

File

1-22-91
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 [illegible]

MALE APPLICANT

Name: First Merle Middle James Last Moore Jr.
Date of Birth: Month 6 Day 4 Year 52
Place of Birth (State or foreign country) Ky
Residence Address: Street or R.R. 85 N 500 E City Danville County [illegible] State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rio

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christina, James, Valerie, Cameron
6. (a) Full name of applicant's father Merle James Moore Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Demopolis Alabama
   Birthplace of father (State or foreign country) AL
   (b) Full maiden name of applicant's mother Billie Jan Skelton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Merle J. Moore Jr.
New Address
Subscribed and sworn to before me this 23 day of Jan., 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle Denise Last Bracken
Date of Birth: Month 8 Day 7 Year 65
Place of Birth (State or foreign country) Idaho
Residence Address: Street or R.R. 9880 W. 10th St. 407 City Indpls County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Christina, Christopher
6. (a) Full name of applicant's father Edwin John Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Reba Kay Booker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Robin D. Bracken
New Address
Subscribed and sworn to before me this 23 day of Jan., 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-23-91 *, authorizing the marriage of* MERLE J. MOORE JR. *and* 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 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MERLE J. MOORE JR. *of* HENDRICKS *County* IN *(state), and* ROBIN D. BRACKEN *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 1-31-91 *. Signed by:* /s/ LARRY LILLY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 21

File

1-25-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician W. Edwards

MALE APPLICANT

Name: First Todd Middle B Last Castor
Date of Birth: Month 5 Day 16 Year 63
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 932 A Pinewood Dr. City Plainfield County State IN. 46168
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Rex E. Castor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA (Anderson)
   Birthplace of father (State or foreign country) IN (Elwood)
   (b) Full maiden name of applicant's mother Barbara Jo Todd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN (Anderson)
   Birthplace of mother (State or foreign country) IN (Elwood)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Todd B. Castor Date 1-25-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 1-25-91

State of Indiana
County of HENDRICKS ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Todd B. Castor
New Address 932 A PINEWOOD DR. PLAINFIELD IN.
Subscribed and sworn to before me this 25th day of January 1991
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Julie Middle A. Last Miller
Date of Birth: Month 9 Day 9 Year 66
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 932 A Pinewood Dr. City Plainfield County State IN 46168
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Raymond L. Fields
   (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 Judith A. Yadon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN (Eaton)
   Birthplace of mother (State or foreign country) IN (Hartford City)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Julie A. Miller Date 1-25-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Connie Lawson Date 1-25-91

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Julie A. Miller
New Address 932 A Pinewood Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 25th day of January, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-91 *, authorizing the marriage of* 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), at* MUNCIE *in* DELAWARE *County, Indiana,* TODD B. CASTOR *of* HENDRICKS *County* IN *(state), and* JULIE A. MILLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-91 *. Signed by:* /s/ DAVID C. MAISH *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-6-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 22

File

1-24-91
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

Name: First Wilfred Middle F. Last Cody

Date of Birth: Month 12 Day 20 Year 15

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 733 N. St. Rd 75 City Danville County State

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Frank Joseph Cody
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Emma Mae Matthews
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

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

Signature of Applicant X Wilfred F. Cody Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Wilfred F. Cody

New Address

Subscribed and sworn to before me this 24 day of Jan., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First L. Middle Imogene Last Lynch

Date of Birth: Month 4 Day 27 Year 16

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 432 N. Vernon Rd. City Brownsburg County State

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Harvey Henderson Short
   (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 Ida Vesa Undine Purcell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X L. Imogene Lynch Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X L. Imogene Lynch

New Address

Subscribed and sworn to before me this 24 day of Jan., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-24-91 *, authorizing the marriage of* WILFRED F. CODY *and* L. IMOGENE LYNCH *. I further certify that the following marriage certificate was filed in my office: I,* C. S. CHESEBROUGH - BERNIE COX *(name), certify that on* 2-2-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WILFRED F. CODY *of* HENDRICKS *County* IN. *(state), and* L. IMOGENE LYNCH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-2-91 *. 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* 2-5-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 23

HENDRICKS County

File

1-25-91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Joseph Thompson

MALE APPLICANT

Name First: Arthur Middle: Anthony Last: Sevier

Date of Birth Month: 5 Day: 20 Year: 62

Place of Birth (State or foreign country): IN

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

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) Dr. Rio.

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

6. (a) Full name of applicant's father Rayford Sevier Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) Ot
   (b) Full maiden name of applicant's mother Melba Joyce Carlton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) OK

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Arthur A Sevier Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Arthur A Sevier

New Address

Subscribed and sworn to before me this 25 day of Jan., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First: Melissa Middle: Last: Musgrove

Date of Birth Month: 7 Day: 3 Year: 66

Place of Birth (State or foreign country): KY

Residence Address Street or R.R.: RR4 Box 294 City: Clayton County: State: IN

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) Dr. Rio.

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

6. (a) Full name of applicant's father Olin Musgrove
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Inez Lyon Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

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

Signature of Applicant X Melissa Musgrave Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Melissa Musgrave

New Address

Subscribed and sworn to before me this 25 day of Jan, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-25-91 *, authorizing the marriage of* ARTHUR A. SEVIER *and* MELISSA MUSGROVE *. I further certify that the following marriage certificate was filed in my office: I,* JAMES WILLIAM BLACK *(name), certify that on* 2-8-91 *(date), at* AMO *in* HENDRICKS *County, Indiana,* ARTHUR A. SEVIER *of* HENDRICKS *County* IN *(state), and* MELISSA MUSGROVE *of* HENDRICKS *County* IN *(state) were 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 *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24

File

1-28-91
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 Pizzatto Mem. St. B'burg

MALE APPLICANT

Name: First Scott Middle R. Last Hummel

Date of Birth: Month 12 Day 6 Year 69

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 5950 N.E. 18th Ave City Broward County State Ft. Lauderdale Fl 33334

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) Dr. Lic.

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

6. (a) Full name of applicant's father Roger L. Hummel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fredrick, Colorado
   Birthplace of father (State or foreign country) IN(?)
   (b) Full maiden name of applicant's mother Suzanne Elizabeth Barton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bburg IN
   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 X Scott Hummel Date 1-28-91

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) ss:

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

Signed X Scott Hummel
New Address Same as above

Subscribed and sworn to before me this 28 day of 1, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle ANN. Last Koopman

Date of Birth: Month 2 Day 25 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 198 City Pittsboro County IN State

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)

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

6. (a) Full name of applicant's father Norman Ray Koopman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mildred M. Moore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Robin A. Koopman Date 2-25-91

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) ss:

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

Signed X Robin A. Koopman
New Address _____

Subscribed and sworn to before me this 25 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-25-91 *, authorizing the marriage of* Scott R. Hummel *and* Robin A. Koopman *. I further certify that the following marriage certificate was filed in my office: I,* George R. Duncan *(name), certify that on* March 23, 1991 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Scott R. Hummel *of* Broward *County* Flordia *(state), and* Robin A. Koopman *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* 3-23-91 *. Signed by:* /s/ George R. Duncan *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-1-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 25

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

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

MALE APPLICANT

Name: First Charles Middle A Last Chandler Jr.

Date of Birth: Month 5 Day 28 Year 70

Place of Birth (State or foreign country)

Residence Address: RR 3 Box 343 Clayton IN 46118 (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

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Charles A Chandler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Marie Snow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Charles A. Chandler Jr 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 Connie Lawson Date 1-30-91

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Charles A. Chandler

New Address 304½ Shaw St. Plainfield IN.

Subscribed and sworn to before me this 30th day of January 19 91

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Monica Middle R Last Tresner

Date of Birth: Month 11 Day 12 Year 69

Place of Birth (State or foreign country)

Residence Address: RR 1 Box 237 Clayton In 46118 (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

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

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

6. (a) Full name of applicant's father Glenn Tresner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Stilesville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Shiela Ann Hamilton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Signature of Applicant Monica R. Tresner 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 Connie Lawson Date 1-30-91

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Monica R. Tresner

New Address 304½ Shaw St., Plainfield IN 46168

Subscribed and sworn to before me this 30th day of January, 19 91

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-30-91 *, authorizing the marriage of* CHARLES A. CHANDLER JR. *and* MONICA R. TRESNER *. I further certify that the following marriage certificate was filed in my office: I,* DONALD S. SMOTHERS *(name), certify that on* 2-16-91 *(date), at* 1:30 p.m. *in* HENDRICKS *County, Indiana,* CHARLES A. CHANDLER, JR. *of* HENDRICKS *County* IN *(state), and* MONICA R. TRESNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-91 *. Signed by:* /s/ DONALD S. SMOTHERS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 26

File

2-1-91
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 ☐
If No, Medical Examination or Report Dated 1-18-91
Name of Physician M. L. Neely, M.D.

MALE APPLICANT

Name: First Brian Middle Lee Last Walter

Date of Birth: Month 10 Day 3 Year 70

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

Residence Address: Street or R.R. 109 N. Jefferson Apt C City Brownsburg County In State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 William H. Walter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenwood, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol A. Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Avon, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Brian L Walter Date 2-1-91

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) ss:

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

Signed Brian L Walter
New Address Same

Subscribed and sworn to before me this 1 day of 2, 19 91

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Caralyn Middle Sue Last Gibson

Date of Birth: Month 12 Day 4 Year 70

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

Residence Address: Street or R.R. 109 N Jefferson Apt C City Brownsburg County In State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Gregory K. Gibson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Blanche M. ~~Stock~~ Dixon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsville, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Carolyn Gibson Date 2-1-91

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) ss:

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

Signed ~~Same~~ Carolyn Gibson
New Address Same

Subscribed and sworn to before me this 1 day of 2, 19 91

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-1-91 *, authorizing the marriage of* BRIAN LEE WALTER *and* CAROLYN SUE GIBSON *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-15-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRIAN LEE WALTER *of* HENDRICKS *County* IN *(state), and* CAROLYN SUE GIBSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-15-91 *. 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* 2-15-91 *(date).*

Signed Connie Spence *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 27

HENDRICKS County

File

2-1-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician T. Trammell

MALE APPLICANT

Name First: Terry Middle: M. Last: Mardis

Date of Birth Month: 12 Day: 17 Year: 46

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: 663 Marsha Ct. Apt. 47 City: Kokomo County: State: IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Robert Mardis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Muncie IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marilyn Marie Skillman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Terry M. Mardis Date 2-1-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Terry M. Mardis
New Address
Subscribed and sworn to before me this 31 day of 2, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name First: Alicia Middle: A. Last: Richey

Date of Birth Month: 6 Day: 26 Year: 47

Place of Birth (State or foreign country): IN

Residence Address Street or R.R.: 1010 Steeden Ct. City: Plfd. County: State:

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lyra Richard Smith
   (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 Alice Elizabeth Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Alicia A. Richey Date 2-1-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Alicia A. Richey
New Address 1010 Steeden Ct
Subscribed and sworn to before me this 1 day of 2, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-1-91 *, authorizing the marriage of* TERRY M. MARDIS *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 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* TERRY M. MARDIS *of* HOWARD *County* IN *(state), and* ALICIA A. RICHEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-1-91 *. Signed by:* /s/ JOHN C. PARSLEY *,* BAPTIST PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 28

File

2-4-91
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 1-31-91
Name of Physician Mary Draper M.D.

MALE APPLICANT

Name First Daniel Middle Joseph Last Brooks

Date of Birth Month 12 Day 20 Year 71

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

Residence Address Street or R.R. 340 S. Washington City St. Danville County State In.

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)

Maggie Marie Brooks 4 mos.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Daniel A. Brooks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jacquelyn L. Southern
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Daniel J. Brooks Date 2-4-91

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) ss:

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

Signed Daniel J. Brooks
New Address 929 Winding Brook Pkwy #E

Subscribed and sworn to before me this 4 day of Feb. , 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Deena Middle Lee Last Bechtel

Date of Birth Month 2 Day 3 Year 73

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

Residence Address Street or R.R. 929 Winding Brook Pkwy #E City Indpls County State In.

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)

Maggie Marie Brooks 4 mos.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Larry D. Bechtel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Deanna R. Sims
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Deena L. Bechtel Date 2-4-91

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) ss:

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

Signed Deena L. Bechtel
New Address Same

Subscribed and sworn to before me this 4th day of Feb , 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-4-91 *, authorizing the marriage of* DANIEL JOSEPH BROOKS *and* DEENA LEE BECHTEL *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-4-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANIEL JOSEPH BROOKS *of* HENDRICKS *County* IN *(state), and* DEENA LEE BECHTEL *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-4-91 *. 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* 2-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29

File

2.5.91
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 Michael J. Boothe

MALE APPLICANT

Name: First Harry Middle A. Last Roth
Date of Birth: Month 4 Day 26 Year 44
Place of Birth (State or foreign country) IL
Residence Address: Street or R.R. PO Box 24394 City Speedway County Ind. State 46224
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Fax.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Alfred Richard Roth
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Irene Margaret Briggs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Harry Alfred Roth Date 2-5-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Harry Alfred Roth
New Address _____
Subscribed and sworn to before me this 5 day of 2, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle T. Last O'Brien
Date of Birth: Month 9 Day 28 Year 57
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1036 Pine City Brownsburg County _____ State _____
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Fax.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rose H., Patricia J. Gabriel T., Christopher J., Erica L.
6. (a) Full name of applicant's father Douglas W. DeVaigart
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ladoga, Ind.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Norma D. Haley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sayre
   Birthplace of mother (State or foreign country) OK

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Laura T. O'Brien Date 2-5-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Laura T. O'Brien
New Address Same as above
Subscribed and sworn to before me this 5 day of 2, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-91, *authorizing the marriage of* HARRY A. ROTH *and* LAURA T. O'BRIEN. *I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* 2-14-91 *(date), at* INDIANAPOLIS *in* MAIRON *County, Indiana,* HARRY A. ROTH *of* MARION *County* IN *(state), and* LAURA T. O'BRIEN *of* HENDRICKS *County* IN *(state) were 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/ MYRON BARNARD, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30

File

2-5-91
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 Dr. Hadley

MALE APPLICANT

Name: First Douglas Middle Benjamin Last Lairmore

Date of Birth: Month 1 Day 30 Year 65

Place of Birth (State or foreign country) IN

Residence Address: 10819 W Morris St. Indpls. ~~IN~~ Hendricks

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Arthur F. Lairmore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pkg. Ind.
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Betty J. Patterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant x Douglas B Lairmore Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Douglas B. Lairmore

New Address

Subscribed and sworn to before me this 5 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Michelle Middle Lynn Last Harvey

Date of Birth: Month ~~12~~ 11 Day ~~31~~ 30 Year 68

Place of Birth (State or foreign country) IN

Residence Address: 10819 W. Morris St. Indpls.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jon N. Harvey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Maine
   (b) Full maiden name of applicant's mother Mary M. Travers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fairland Ind.
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

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

Signature of Applicant x Michelle L. Harvey Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Michelle L. Harvey

New Address

Subscribed and sworn to before me this 5 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-5-91 *, authorizing the marriage of* DOUGLAS BENJAMIN LAIRMORE *and* MICHELLE LYNN HARVEY *. I further certify that the following marriage certificate was filed in my office: I,* TONY A. JOHNSON *(name), certify that on* 2-14-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DOUGLAS B. LAIRMORE *of* HENDRICKS *County* IN *(state), and* MICHELLE L. HARVEY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-91 *. Signed by:* /s/ TONY A. JOHNSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31

File

2-6-91
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 Robert Hewes

MALE APPLICANT

Name: First Richard Middle R. Last Hill

Date of Birth: Month 8 Day 16 Year 38

Place of Birth (State or foreign country) Mass

Residence Address: Street or R.R. PO Box 332 City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rice.

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

6. (a) Full name of applicant's father Alfred Thomas Hillyer.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Mattie Merle Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mass.
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

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

Signature of Applicant X Richard R Hill Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Richard R Hill

New Address

Subscribed and sworn to before me this 6 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Debra Middle J. Last Todd

Date of Birth: Month 11 Day 19 Year 56

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 70 City Clayton County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rice.

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

6. (a) Full name of applicant's father Harold Gene Milburn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute IN
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Maxine Annabelle Pettell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre IN
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

Signature of Applicant X Debra Jo Todd Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Debra Jo Todd

New Address

Subscribed and sworn to before me this 6 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-6-91 *, authorizing the marriage of* ~~RICHARD R. HILL~~ *and* ~~DEBRA JO TODD~~ *. I further certify that the following marriage certificate was filed in my office: I,* ~~JANICE S. CHILEWSKI~~ *(name), certify that on* 2-14-91 *(date), at* ~~DANVILLE~~ *in* ~~HENDRICKS~~ *County, Indiana,* ~~RICHARD R. HILL~~ *of* ~~HENDRICKS~~ *County* ~~IN~~ *(state), and* ~~DEBRA JO TODD~~ *of* ~~HENDRICKS~~ *County* ~~IN~~ *(state) were 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 *,* CHIEF DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 32

HENDRICKS County

File

2-6-91
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 J. Poe

MALE APPLICANT

Name: First Randall Middle S. Last Hoffman

Date of Birth: Month 9 Day 9 Year 66

Place of Birth (State or foreign country) LA.

Residence Address: Street or R.R. 101 E. Broadway City Danville County State IN

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) Military ID.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Carl K. Hoffman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Arlene Marie Planchon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) CA.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Randall S Hoffman Date 2-6-91

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) ss:

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

Signed X Randall S Hoffman

New Address _____

Subscribed and sworn to before me this 6 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Dawn Middle M. Last Smith

Date of Birth: Month 1 Day 10 Year 70

Place of Birth (State or foreign country) _____

Residence Address: Street or R.R. RR 6 Box 287 City Danville County State IN

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) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father John Michael Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sue Carol Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Dawn M. Smith Date 2-6-91

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) ss:

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

Signed X Dawn M. Smith

New Address _____

Subscribed and sworn to before me this 6 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-6-91 *, authorizing the marriage of* RANDALL S. HOFFMAN *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), at* INDIANAPOLIS *in* MARION *County, Indiana,* RANDALL S. HOFFMAN *of* HENDRICKS *County* IN *(state), and* DAWN M. SMITH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-12-91 *. Signed by:* /S/ THOMAS PAINO, JR. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* MINISTER *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 33

File

2-6-91
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

Name: First Charles Middle David Last Kilpatrick

Date of Birth: Month 11 Day 4 Year 65

Place of Birth (State or foreign country) IN

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

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) Dr. file.

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

6. (a) Full name of applicant's father Ward Erwin Kilpatrick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dayton OH
   Birthplace of father (State or foreign country) IN or OH
   (b) Full maiden name of applicant's mother Marie Loretta Hessler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

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

Signature of Applicant X Charles Kilpatrick Date 2/6/91

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) ss:

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

Signed X Charles Kilpatrick

New Address _____

Subscribed and sworn to before me this 6 day of Feb., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Marie Last Stanifer

Date of Birth: Month 8 Day 10 Year 70

Place of Birth (State or foreign country) OHIO

Residence Address: Street or R.R. 2415 425 E City Danville County State

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)

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

6. (a) Full name of applicant's father ~~Sharon~~ James Stanifer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Sharon K. Glick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dayton OH
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

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

Signature of Applicant X Angela M. Stanifer Date 2-6-91

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) ss:

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

Signed X Angela M Stanifer

New Address _____

Subscribed and sworn to before me this 6 day of Feb., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-6-91 *, authorizing the marriage of* _____ *and* _____ *. I further certify that the following marriage certificate was filed in my office: I,* _____ *(name), certify that on* _____ *(date), at* _____ *in* _____ *County, Indiana,* _____ *of* _____ *County* _____ *(state), and* _____ *of* _____ *County* _____ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* _____. *Signed by:* _____ *,* _____ *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* _____ *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34

File

2-6-91
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

Name First ~~Kevin~~ Kristopher Middle Lee Last Lawson

Date of Birth Month Day Year

Place of Birth (State or foreign country)

Residence Address Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR 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? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you 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
   (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

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed

New Address

Subscribed and sworn to before me this day of , 19

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name First Cindy Middle Marie Anne Last Spence

Date of Birth Month 9 Day 24 Year 60

Place of Birth (State or foreign country) Winnipeg Manitoba

Residence Address Street or R.R. lot 34 Smith St. City Pittsboro County State IN

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)

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

6. (a) Full name of applicant's father Orville Foster Coates
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Manitoba
   (b) Full maiden name of applicant's mother Marilyn Marie Valley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Portage La Prairie Manitoba
   Birthplace of mother (State or foreign country) Manitoba

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Cindy Coates Spence Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Cindy Coates Spence

New Address

Subscribed and sworn to before me this 6 day of 2 , 19 91

Connie Gwin Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-6-91 *, authorizing the marriage of and . I further certify that the following marriage certificate was filed in my office: I, (name), certify that on (date), at in County, Indiana, of County (state), and of County (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated . Signed by: , (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).*

Signed Clerk
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35

File

2-7-91
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 ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Christopher Middle Leland Last O'Brien
Date of Birth: Month 4 Day 24 Year 62
Place of Birth (State or foreign country): Racine Wisc.
Residence Address: 510 Cobblestone Rd. Plainfield, In.
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) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father Thomas Joseph O'Brien
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary C. Zimmerman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant [signature] Date 7 Feb 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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed [signature]
New Address _____
Subscribed and sworn to before me this 7th day of Feb, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Deeann Middle — Last Harner
Date of Birth: Month 7 Day 4 Year 62
Place of Birth (State or foreign country): Indianapolis In.
Residence Address: 1650 Schevier Dr. Indpls. In.
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. /
6. (a) Full name of applicant's father James Joseph Harner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Rita Carol Murray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Deann Harner Date 2-7-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Deann Harner
New Address _____
Subscribed and sworn to before me this 7th day of Feb. , 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-7-91 *, authorizing the marriage of* CHRISTOPHER LELAND O'BRIEN *and* DEE ANN HARNER *. I further certify that the following marriage certificate was filed in my office: I,* NEIL M. NORHEIM *(name), certify that on* 3-2-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* CHRISTOPHER L. O'Brien *of* Hendricks *County* In *(state), and* DEE ANN HARNER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-2-91 *. Signed by:* /s/ NEIL M. NORHEIM *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-6-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 36

HENDRICKS County

File

2-7-91
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 ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Nurse Not Legible (Wells)

MALE APPLICANT

Name: First *Keith* Middle *K.* Last *Sugimoto*

Date of Birth: Month *Sept* Day *2.* Year *1951*

Place of Birth (State or foreign country) *Hawaii*

Residence Address: 250 Street or R.R. *N. East St* City *Plainfield* County State *In.*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date *1979*

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Dr. License*

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

6. (a) Full name of applicant's father *Kiyoshi Sugimoto*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *deceased*
   Birthplace of father (State or foreign country) *Hawaii*
   (b) Full maiden name of applicant's mother *Louise Mona*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Honolulu, Hi*
   Birthplace of mother (State or foreign country) *Hi.*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Keith K Sugimoto* Date *2/7/91*

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*) ss:

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

Signed *X Keith K Sugimoto*

New Address *250 N. EAST ST. PLAINFIELD IN.*

Subscribed and sworn to before me this *7* day of *Feb*, 19 *91*

Connie Lewis Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First *Tina* Middle *R.* Last *Powell*

Date of Birth: Month *May* Day *13* Year *1957*

Place of Birth (State or foreign country)

Residence Address: 250 Street or R.R. *N. East St* City *Plainfield* County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date *1990*

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Dr. License*

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

6. (a) Full name of applicant's father *Gary Bledsoe*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Apple.*
   Birthplace of father (State or foreign country) *Ark.*
   (b) Full maiden name of applicant's mother *Rosemary Stevens*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Same*
   Birthplace of mother (State or foreign country) *Ar.*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Tina R Powell* Date *2-7-91*

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*) ss:

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

Signed *X Tina R Powell*

New Address *250 N. East St, Plainfield In*

Subscribed and sworn to before me this *7* day of *Feb*, 19 *91*

Connie Lewis Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-7-91 *, authorizing the marriage of* KEITH K. SUGIMOTO *and* TINA R. POWELL *. I further certify that the following marriage certificate was filed in my office: I,* JOHN HESSELDENZ *(name), certify that on* 2-14-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* KEITH K. SUGIMOTO *of* HENDRICKS *County* IN *(state), and* TINA R. POWELL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-7-91 *. Signed by:* /s/ JOHN HESSELDENZ *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-15-91 *(date).*

Signed *Connie Lewis* *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 37

File

2-11-91
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

Name: First Elmo Middle E. Last Jaggers

Date of Birth: Month 4 Day 17 Year 25

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6240 Valley Spr. Indpls. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

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

6. (a) Full name of applicant's father Earl C. Jaggers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Bessy Hester
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

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

Signature of Applicant X Elmo E. Jaggers Date

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Elmo E. Jaggers

New Address

Subscribed and sworn to before me this 11 day of Dec., 19 91

Connie Ogwen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

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

____ Clerk

FEMALE APPLICANT

Name: First Sharon Middle M. Last Conner

Date of Birth: Month 5 Day 6 Year 36

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 11315 W. Washington, Apt. 24 City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

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

6. (a) Full name of applicant's father Earl L. Gray
   (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 Lorene M. Berry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Sharon M Conner Date

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Sharon Conner

New Address

Subscribed and sworn to before me this 11 day of Dec., 19 91

Connie Ogwen Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-91 *, authorizing the marriage of* ELMO E. JAGGERS *and* SHARON M. CONNER *. I further certify that the following marriage certificate was filed in my office: I,* MITCHELL L. CHEATHAM *(name), certify that on* 3-1-91 *(date), at* GREENCASTLE *in* PUTNAM *County, Indiana,* ELMO E. JAGGERS *of* MARIN *County* IN *(state), and* SHARON M. CONNER *of* HENDRICKS *County* IN *(state) were 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 *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-4-91 *(date).*

Signed Connie Ogwen *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 38

File

2-11-91
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 1-23-91
Name of Physician Allen Hickey M.D.

MALE APPLICANT

Name: First David Middle Wayne Last Brostrom
Date of Birth: Month 5 Day 11 Year 57
Place of Birth (State or foreign country) Palo Alto, Ca.
Residence Address: Street or R.R. 3775 Flora Vista Ave. #302 City Santa Clara County State Calif.
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 Lic. - Brian Maureen Brostrom 4yrs.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Richard George Brostrom
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Auburn, Ca.
   Birthplace of father (State or foreign country) Minnesota
   (b) Full maiden name of applicant's mother Lois Darlene Pippin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Auburn, Ca.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David Wayne Brostrom Date 2-11-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed David Wayne Brostrom
New Address SAME
Subscribed and sworn to before me this 11th day of FEB, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kathryn Middle Mary Last Klein
Date of Birth: Month 7 Day 30 Year 62
Place of Birth (State or foreign country) Gary, In.
Residence Address: Street or R.R. 449 Murphy Dr. City Brownsburg County State In.
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 Lic.

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

6. (a) Full name of applicant's father Leroy James Klein
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Carolstream Ill.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Jean Gross
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kathryn M. Klein Date 2/11/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kathryn M. Klein
New Address 3775 Flora Vista #302, Santa Clara, CA
Subscribed and sworn to before me this 11th day of February, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-91 *, authorizing the marriage of* DAVID WAYNE BROSTROM *and* KATHRYN MARY KLEIN *. I further certify that the following marriage certificate was filed in my office: I,* DENNIS L. DODSON *(name), certify that on* 2-16-91 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID W. BROSTROM *of* SANTA CLARA COUNTY *County* CA *(state), and* KATHRYN MARY KLEIN *of* HENDRICKS *County* IN *(state) were 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 39

File

2-11-91
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 Karen Ellard

MALE APPLICANT

Name: First Bret Middle R. Last Gruener

Date of Birth: Month June Day 16 Year 1959

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 326 Wabash City Plainfield County State

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 Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Edward Gruener
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Monticello, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Diane Rundell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

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

Signature of Applicant X Bret Gruener Date 2-11-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Bret Gruener
New Address 326 WABASH, PLAINFIELD, IN 46168

Subscribed and sworn to before me this 11 day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Christa Middle Ann Last Richmond

Date of Birth: Month July Day 8 Year 1960

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

Residence Address: Street or R.R. Rt 3 Box 358 City Rockville County State In.

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) Dr. License

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

6. (a) Full name of applicant's father Jack Richmond
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rockville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Carolyn Dooley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Rockville, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant X Christa Richmond Date 2-11-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Christa Richmond
New Address 326 Wabash, Plainfield In 46168

Subscribed and sworn to before me this 11 day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-11-91 *, authorizing the marriage of* BRET R. GRUENER *and* CHRISTA ANN RICHMOND *. I further certify that the following marriage certificate was filed in my office: I,* DAVID W. STONE *(name), certify that on* 2-16-91 *(date), at* ROCKVILLE *in* PARKE *County, Indiana,* BRET R. GRUENER *of* HENDRICKS *County* IN *(state), and* CHRISTA ANN RICHMOND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-19-91 *. Signed by:* /s/ DAVID STONE *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 40

HENDRICKS County

File

2-14-91
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 Dr. Dandy Lopez

MALE APPLICANT

Name: First Saull Middle R. Last Reyes
Date of Birth: Month 10 Day 31 Year 58
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Guillermo Reyes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Puerto Rico
   Birthplace of father (State or foreign country) Puerto Rico
   (b) Full maiden name of applicant's mother Rosa Reyes Rivera
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Chicago Ill
   Birthplace of mother (State or foreign country) Puerto Rico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Saul Rivera Reyes Date

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Saul Rivera Reyes
New Address
Subscribed and sworn to before me this 14 day of Feb, 19 91
Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Char Middle E. Last Luken
Date of Birth: Month 11 Day 15 Year 47
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 62 Orchard Lyn. City Danville, Ind. County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
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? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 George E. Luken
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sara E. White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Char E. Luken
New Address
Subscribed and sworn to before me this 14 day of Feb., 19 91
Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-91 *, authorizing the marriage of* SAULL R. REYES *and* CHAR E. LUKEN *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-14-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* SAULL R. REYES *of* HENDRICKS *County* IN *(state), and* CHAR E. LUKEN *of* HENDRICKS *County* IN *(state) were 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/ 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 Connie Spencer *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 41

File

2-14-91
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 2-5-91
Name of Physician R. Tanner M.D

MALE APPLICANT

Name: First Larry Middle — Last Marley

Date of Birth: Month 11 Day 18 Year 46

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

Residence Address: Street or R.R. 48 Piccadilly Ct. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Lic.

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

6. (a) Full name of applicant's father Paul Marley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Loretta Pearl Sargent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name: First Gloria Middle Sue Last Miller

Date of Birth: Month 1 Day 23 Year 45

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

Residence Address: Street or R.R. 48 Piccadilly Ct. City Brownsburg County State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Lic.

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

6. (a) Full name of applicant's father John Francis Inman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Edith Mavis Lynch
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Crane, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant Larry Marley 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Larry Marley

New Address _____

Subscribed and sworn to before me this 14th day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

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

Signature of Applicant Gloria Sue Miller 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Gloria Sue Miller

New Address Same

Subscribed and sworn to before me this 14th day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-91 *, authorizing the marriage of* 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 on* 2-14-91 *(date), at* CROSS ROADS UNITED METHODIST CHURCH *in* HENDRICKS *County, Indiana,* LARRY MORLEY *of* HENDRICKS *County* IN *(state), and* GLORIA SUE MILLER *of* HENDRICKS *County* IN *(state) were 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/ RAYMOND E. NEW *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 42

HENDRICKS County

File

2-14 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 Joseph Lyle Pond

MALE APPLICANT

Name: First Brian Middle S Last Dillow

Date of Birth: Month 5 Day 27 Year 60 30

Place of Birth (State or foreign country) IN

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

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) Dr. Lyle.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 William Marion Dillow
   (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 Marilyn Kay Van Hoy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Elwood IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Brian S Dillow 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X Brian S Dillow

New Address _____

Subscribed and sworn to before me this 14 day of 2, 19 91

Connie Spencer Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Tammie Middle J. Last Jones 25

Date of Birth: Month 12 Day 17 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 11 School St. City Brownsburg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lyle.

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

6. (a) Full name of applicant's father Robert Lee Rempe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mainville FL
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Roberta Margaret Roberts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lehigh IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Tammie J. Jones 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X Tammie J. Jones

New Address _____

Subscribed and sworn to before me this 14 day of 2, 19 91

Connie Spencer Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-91 *, authorizing the marriage of* BRIAN S. DILLOW *and* TAMMIE J. JONES *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-14-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* BRIAN S. DILLOW *of* HENDRICKS *County* IN *(state), and* TAMMIE J. JONES *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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 Connie Spencer *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 43

File

2-14-91
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 2-13-91
Name of Physician M. ? (Brownsburg)

MALE APPLICANT

Name: First James Middle David Last Keith Jr.
Date of Birth: Month 11 Day 22 Year 64
Place of Birth (State or foreign country) ~~Maine~~ Maryville, TN.
Residence Address: Street or R.R. RR#1 Box 201E City Pittsboro County ~~Hendricks~~ State In.
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 Lic.

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

6. (a) Full name of applicant's father James David Keith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) ~~TN~~ Tennessee
   (b) Full maiden name of applicant's mother Judith Ann Abbatt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro In
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

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

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James David Keith Jr.
New Address Same
Subscribed and sworn to before me this 14th day of Feb, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Renee Last Keiser
Date of Birth: Month 11 Day 24 Year 57
Place of Birth (State or foreign country) Traverse City, Mi.
Residence Address: Street or R.R. RR#1 Box 201E City Pittsboro County ~~Hendricks~~ State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Lic.

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

6. (a) Full name of applicant's father Douglas Harold Randall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Belding, Mi.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Natalie Yvonne Vestor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Belding, Mi.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

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

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Michelle Renee' Keiser
New Address Same
Subscribed and sworn to before me this 14th day of Feb, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-91 *, authorizing the marriage of* JAMES DAVID KEITH, JR. *and* MICHELLE RENEE' KEISER *. I further certify that the following marriage certificate was filed in my office: I,* JANICE S. CHILEWSKI *(name), certify that on* 2-14--91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JAMES DAVID KEITH, JR. *of* HENDRICKS *County* IN *(state), and* MICHELLE RENEE' KEISER *of* HENDRICKS *County* IN *(state) were 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 CHIEF DEPUTY CLERK *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 44

HENDRICKS County

File

2-14-91
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 Barry Lynch

MALE APPLICANT

Name: First Steven Middle Michael Last Trent

Date of Birth: Month 6 Day 26 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. same → City County State

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) Dr. file.

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

6. (a) Full name of applicant's father Steve Edward Trent
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Centerville IN
   (b) Full maiden name of applicant's mother Susan Ryan Chadwick
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pitt IN
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

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

Signature of Applicant X Steven M. Trent 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Steven M. Trent

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Le Aire Last Holmes

Date of Birth: Month 10 Day 23 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 402 S. Tennessee City Danville County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Philip E. Holmes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Gloria P. Wray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Patricia L Holmes 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Patricia L Holmes

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-14-91 *, authorizing the marriage of* STEVEN MICHAEL TRENT *and* PATRICIA LE AIRE HOLMES *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-14-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* STEVEN MICHAEL TRENT *of* HENDRICKS *County* IN *(state), and* PATRICIA LE AIRE HOLMES HENDRICKS *County* IN *(state) were 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/ 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 _____ *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 45

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Hendricks Hosp.

MALE APPLICANT

Name: First Scott Middle A. Last Burkert
Date of Birth: Month 1 Day 4 Year 70
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 110 Buchanan St. City Plfd. County State
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) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Kenneth E. Burkett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New York, New York
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Connie Lyn Rose
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Scott Burkert
New Address
Subscribed and sworn to before me this 15 day of 2, 19 91
Lonnie Powers Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Lory Middle June Last Mills
Date of Birth: Month 11 Day 9 Year 71
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. ← June City County State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Robert Miles Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas Houston
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Karen S. Dent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Lory J. Mills
New Address
Subscribed and sworn to before me this 15 day of 2, 19 91
Lonnie Powers Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-91 *, authorizing the marriage of* SCOTT A. BURKERT *and* LORY J. MILLS *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* 2-23-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* SCOTT A. BURKERT *of* HENDRICKS *County* IN *(state), and* LORY J. MILLS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-23-91 *. Signed by:* /s/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-26-91 *(date).*

Signed Lonnie Powers *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 46

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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Thomas Middle R. Last English

Date of Birth: Month 1 Day 29 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4201 Edgewater Dr City Tampa County State Florida

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rio.

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

6. (a) Full name of applicant's father Charles E. English
   (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 Ruby Smedley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant Thomas R English Date 2/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Thomas R English

New Address

Subscribed and sworn to before me this 15 day of 2, 19 91

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Phyllis Middle M. Last Schlegel

Date of Birth: Month 4 Day 27 Year 39

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 361 Rudgate Dr City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rio.

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

6. (a) Full name of applicant's father Lilyan Pearl Emmert
   (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 Margaret Moore
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

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

Signature of Applicant Phyllis M Schlegel Date 2/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Phyllis M. Schlegel

New Address

Subscribed and sworn to before me this 15 day of 2, 19 91

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-91 *, authorizing the marriage of* THOMAS R. ENGLISH *and* PHYLLIS M. SCHLEGEL *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM R. CLAYTON *(name), certify that on (date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* THOMAS R. ENGLISH *of* HILLSBOROUGH *County* FL *(state), and* PHYLLIS M. SCHLEGEL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-20-91 *. 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).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 47

File

2-15-91
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 2-15-91
Name of Physician Virginia M Wagoner

MALE APPLICANT

Name: First Jeffrey Middle Scott Last Palin
Date of Birth: Month January Day 21 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 500 Indiana Ave, Apt 202 City Valparaiso County Porter State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Ronald Neil Palin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Anne Ditchon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Jeffrey S. Palin Date 2/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Jeffrey S. Palin
New Address 500 INDIANA AVE APT. 202 VALPARAISO, IN.

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jade Middle Valinda Last Stuard
Date of Birth: Month April Day 2 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1187 475 E. City Danville County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Jay Randall Stuard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Clara Lynne Ford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

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

X Signature of Applicant Jade V. Stuard Date 2-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Jade V. Stuard
New Address Same

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-91 *, authorizing the marriage of* JEFFREY SCOTT PALIN *and* JADE VALINDA STUARD *. I further certify that the following marriage certificate was filed in my office: I,* JOHN P. ROOF *(name), certify that on* 3-16-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JEFFREY S. PALIN *of* PORTER *County* IN *(state), and* JADE V. STUARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-91 *. Signed by:* /s/ John P. Roof *,* Episcopal Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-91 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 48

HENDRICKS County

File

Feb. 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 Stephens Wilmayer, Md.

MALE APPLICANT

Name: First Barry Middle G. Last Hickey

Date of Birth: Month April Day 18 Year 1958

Place of Birth (State or foreign country): Louisville Ky.

Residence Address: Street or R.R. 3820 Lansdowne Ave City Cincinnati County Hamilton State Ohio

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 Lic.

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

6. (a) Full name of applicant's father Philip C. Hickey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Louisville Ky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Mary Elizabeth Rice
   (If adopted, list adoptive parents only) Louisville, Ky.
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

Signature of Applicant Barry G. Hickey Date 2-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Barry G. Hickey
New Address 4262 Blanay, Cint, OH 45237

Subscribed and sworn to before me this 15 day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First ~~Lynne~~ Edith Middle ~~Edith~~ Lynne Last Hines

Date of Birth: Month May Day 20 Year 1962

Place of Birth (State or foreign country): Redondo Beach Ca.

Residence Address: Street or R.R. 3820 Lansdowne Ave City Cincinnati County Hamilton State Oh. 45236

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 license

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

6. (a) Full name of applicant's father William Walter Hines
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rancho Cucamonga Ca.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Melba Edith Strawbridge
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

Signature of Applicant Edith Lynne Hines Date 2-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed Edith Lynne Hines
New Address 4262 Blanay, Cint, OH 45237

Subscribed and sworn to before me this 15 day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-15-91 *, authorizing the marriage of* Barry G. Hickey *and* Edith Lynne Hines *. I further certify that the following marriage certificate was filed in my office: I,* Andrea H. Leininger *(name), certify that on* March 23, 1991 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Barry G. Hickey *of* Hamilton *County* Indiana *(state), and* Edith Lynne Hines *of* Hamilton *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* 3-23-91 *. Signed by:* /s/ Andrea H. Leininger *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 49

File 2-20-91

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 James Black

MALE APPLICANT

Name: First Gregory Middle A Last Earnest

Date of Birth: Month 2 Day 6 Year 63

Place of Birth (State or foreign country) Rushville IN

Residence Address: Street or R.R. 402 W. main City Danville County IN State 46122

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Billie Jo Earnest
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Glenda Kay Alexander
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Gregory A. Earnest Date 2-20-91

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

Clerk of Court Connie Lawson Date 2-20-91

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Gregory A. Earnest
New Address 402 W. Main Danville, In.

Subscribed and sworn to before me this 20th day of February, 19 91

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Tammie Middle L Last Crooks

Date of Birth: Month 1 Day 18 Year 69

Place of Birth (State or foreign country) Indianapolis IN

Residence Address: Street or R.R. 402 W. main City Danville County State IN 46122

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kyle Edward Crooks
6. (a) Full name of applicant's father Lynn Leo Crooks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Darlene Lanham
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

X Signature of Applicant Tammie L. Crooks Date 2-20-91

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

Clerk of Court Connie Lawson Date 2-20-91

State of Indiana)
County of HENDRICKS) ss:

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

X Signed Tammie L. Crooks
New Address 402 W. Main Danville, Ind

Subscribed and sworn to before me this 20th day of February, 19 91

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-20-91 *, authorizing the marriage of* GREGORY A. EARNEST *and* TAMMIE L. CROOKS *. I further certify that the following marriage certificate was filed in my office: I,* JOHN CALDWELL *(name), certify that on* 3-9-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GREGORY A. EARNEST *of* HENDRICKS *County* IN *(state), and* TAMMIE L. CROOKS *of* HENDRICKS *County* IN *(state) were 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/ JOHN CALDWELL *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 50

File

2-20-91
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 Robert D. Diller

MALE APPLICANT

Name: First Richard Middle L. Last Reid

Date of Birth: Month 2 Day 2 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 111 Lincoln Ave City Bainbridge County State

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) Dr. file.

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

6. (a) Full name of applicant's father James B. Reid
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Peggy Young
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name: First Barri Middle L. Last Kelly

Date of Birth: Month 2 Day 19 Year 68

Place of Birth (State or foreign country) IN

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

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file.

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

6. (a) Full name of applicant's father Michael B. Kelly
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bainbridge IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marcia L. Pierson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Richard L Reid Date 2/20/91

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) ss:

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

Signed X Richard L Reid

New Address _____

Subscribed and sworn to before me this 20 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Barri L. Kelly Date 2/20/91

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) ss:

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

Signed X Barri L. Kelly

New Address _____

Subscribed and sworn to before me this 20 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-20-91 *, authorizing the marriage of* RICHARD L. REID *and* BARRI L. KELLY *. I further certify that the following marriage certificate was filed in my office: I,* WILLIAM J. BROWN *(name), certify that on* 2-23-91 *(date), at* PITTSBORO *in* HENDRICKS *County, Indiana,* RICHARD L. REID *of* HENDRICKS *County* IN *(state), and* BARRI L. KELLY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-23-91 *. Signed by:* /s/ WILLIAM J. BROWN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-5-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 51

HENDRICKS County

File

2-20-91
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 2-14-91
Name of Physician James Peters

MALE APPLICANT

Name: First Martin Middle Edward Last Eckert

Date of Birth: Month 5 Day 23 Year 61

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 1107 Valley View Dr. I City Clayfield County Hendricks State Ind

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Caitlyn Nicole Eckert
6. (a) Full name of applicant's father James Paul Ekert
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Charlotte Lossing
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Missouri

ACKNOWLEDGMENT

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

Signature of Applicant X Martin Eckert Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Martin Eckert

New Address

Subscribed and sworn to before me this 20th day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Janelle Middle Kaye Last Weber

Date of Birth: Month 5 Day 9 Year 59

Place of Birth (State or foreign country) Oklahoma

Residence Address: Street or R.R. 1107 Valley View Dr. I City Clfld County Hendricks State Ind

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Caitlyn Nicole Eckert
6. (a) Full name of applicant's father Larry Wendell Findley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oklahoma
   Birthplace of father (State or foreign country) Oklahoma
   (b) Full maiden name of applicant's mother Reta Von Matlazl
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

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

Signature of Applicant X Janelle Weber Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Janelle Weber

New Address

Subscribed and sworn to before me this 20th day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-20-91 *, authorizing the marriage of* MARTIN EDWARD ECKERT *and* JANELLE KAYE WEBER *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES BERDEL *(name), certify that on* 3-9-01 *(date), at* MT AUBURN U.M.C. *in* JOHNSON *County, Indiana,* MARTIN EDWARD ECKERT *of* HENDRICKS *County* IN *(state), and* JANELLE KAYE WEBER *of* HENDRICKS *County* IN *(state) were 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/ CHARLES A. BERDEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-13-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 52

File

2-20-91
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 K. Stezemaller

MALE APPLICANT

Name: First Travis Middle Edwin Last Bonifacius
Date of Birth: Month 2 Day 22 Year 73
Place of Birth (State or foreign country): Greencastle, Indiana
Residence Address: Street or R.R. RR2 Box 263½ City Roachdale County Putnam State Indiana
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Lloyd Bonifacius
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathy Lynn Asher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Travis Bonifacius
New Address
Subscribed and sworn to before me this 20th day of Feb, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 X James Bonifacius ID # 8934-31-3010
Mother X Kathy Bonifacius ID # 8934-58-9554
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Lorraine Middle Kay Last Albers
Date of Birth: Month 8 Day 12 Year 73
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R.R. 155 W Marion City Danville County Hendricks State Ind.
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Charles Francis Albers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Brenda Kay Curry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lorraine Albers
New Address
Subscribed and sworn to before me this 20th day of Feb., 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 Charles F. Albers ID # 312-50-7546
Mother X Brenda Albers ID # 8915-84-4175
Subscribed and sworn to before me this day of , 19
Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-20-91 *, authorizing the marriage of* TRAVIS EDWIN BONIFACIUS *and* LORRAINE KAY ALBERS *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-25-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TRAVIS E. BONIFACIUS *of* PUTNAM *County* IN *(state), and* LORRAINE K. ALBERS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-25-91 *. 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* 2-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 53

File

2-21-91
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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician J. Douglas

MALE APPLICANT

Name: First Thomas Middle Anthony Last Smith

Date of Birth: Month 2 Day 24 Year 68

Place of Birth (State or foreign country) New Jersey

Residence Address: Street or R.R. 213 Duffy St. City Plfd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Thomas Theodore Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mayfield, KY
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Lydia Marie Puckett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Warren NJ
   Birthplace of mother (State or foreign country) NJ

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Thomas A Smith Date 2/21/91

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) ss:

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

Signed X Thomas A Smith

New Address _____

Subscribed and sworn to before me this 21 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Thompson

Date of Birth: Month 3 Day 12 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ~~5129 Beech Dr.~~ 213 City Duffy St. County Plfd. State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Richard M. Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lapas. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara J.
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lapas IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Jennifer Thompson Date 2/21/91

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) ss:

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

Signed X Jennifer Thompson

New Address _____

Subscribed and sworn to before me this 21 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-91 *, authorizing the marriage of* THOMAS ANTHONY SMITH *and* 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 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* THOMAS ANTHONY SMITH *of* HENDRICKS *County* IN *(state), and* JENNIFER LYNN THOMPSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-2-91 *. Signed by:* /s/ ORVAL V. SUTTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-6-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 54

File

2-21-91
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.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 2-20-91
Name of Physician Thomas White

MALE APPLICANT

Name: First Dennis Middle Richard Last Ramstein
Date of Birth: Month 9 Day 24 Year 61
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R.R. 4447 Tattersall Dr City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Jason Todd Ramstein
6. (a) Full name of applicant's father Daniel Robert Ramstein
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Sharon Adaly Harden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Dennis R Ramstein Date 2-21-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Dennis R Ramstein
New Address _____
Subscribed and sworn to before me this 21 day of Feb, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Felicia Middle Ann Last Ferguson
Date of Birth: Month 10 Day 7 Year 59
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 4443 Tattersall Dr City Plainfield County Hendricks State Ind
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
   Christopher Scott Ferguson
   David Edward Ferguson
6. (a) Full name of applicant's father Delbert Edward Lick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Ellen Marie Stephens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Felicia A Ferguson Date 2-21-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Felicia A Ferguson
New Address _____
Subscribed and sworn to before me this 21 day of Feb, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-91 *, authorizing the marriage of* DENNIS RICHARD RAMSTEIN *and* FELICIA ANN FERGUSON *. I further certify that the following marriage certificate was filed in my office: I,* JANICE S. CHILEWSKI *(name), certify that on* February 21, 1991 *(date), at* Danville *in* Hendricks *County, Indiana,* DENNIS RICHARD RAMSTEIN *of* HENDRICKS *County* INDIANA *(state), and* FELICIA ANN FERGUSON *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* 2-21-91 *. Signed by:* Janice S. Chilewski, Chief Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 55

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.

Female Applicant 50 No ☒ Yes ☐
If No, Medical Examination or Report Dated 2-16-91
Name of Physician Robert Monger

MALE APPLICANT

Name: First William Middle D. Last Wells

Date of Birth: Month 11 Day 24 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 462 Blake St. City Danville County State

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) Dr. Fee.

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

6. (a) Full name of applicant's father Ray E. Wells
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Sebring, Fl.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Maribeth A. Kaetzer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X William D. Wells Date 2/21/91

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) ss:

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

Signed X William D. Wells

New Address _____

Subscribed and sworn to before me this 21 day of 2, 19 91

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Tamara Middle L. Last Leonard

Date of Birth: Month 3 Day 11 Year 59

Place of Birth (State or foreign country) CA

Residence Address: Street or R.R. 462 Blake St. City Danville County State

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) Dr. Fee.

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

6. (a) Full name of applicant's father William O. McClain Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Springfield MO
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Maudie Margaret Michael
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Tamara L Leonard Date 2/21/91

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) ss:

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

Signed X Tamara L Leonard

New Address _____

Subscribed and sworn to before me this 21 day of 2, 19 91

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-21-91, *authorizing the marriage of* WILLIAM D. WELLS *and* TAMARA L. LEONARD. *I further certify that the following marriage certificate was filed in my office: I,* JOANNA K. SCHOETTLE *(name), certify that on* 2-22-91 *(date), at* JAMESTOWN *in* BOONE *County, Indiana,* WILLIAM D. WELLS *of* HENDRICKS *County* IN *(state), and* TAMARA L. LEONARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-22-91. *Signed by:* /s/ JOANNA K. SCHOETTLE, CLERK TREASURER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 2-25-91 *(date).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 56

HENDRICKS County

File

2-25-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Libby Moore Hpv.

MALE APPLICANT

Name: First Tony Middle Lee Last Winningham

Date of Birth: Month 2 Day 27 Year 59

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 271 City Clayton County State

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Zachary
6. (a) Full name of applicant's father Herbert H. Winningham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Opal R. Tittle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Boone
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Tony Lee Winningham Date 2-25-91

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) ss:

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

Signed X Tony Lee Winningham

New Address _____

Subscribed and sworn to before me this 25 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Diane Middle Lynn Last Teachout

Date of Birth: Month 7 Day 14 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 10563 N. 800E City B'burg County State

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) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Wayne E. Teachout
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Marine Joy Pearey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Diane L. Teachout Date 2-25-91

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) ss:

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

Signed X Diane L Teachout

New Address _____

Subscribed and sworn to before me this 25 day of 2, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-25-91, *authorizing the marriage of* TONY L. WINNINGHAM *and* DIANE L. TEACHOUT. *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~~ *in* MARION *County, Indiana,* TONY L. WINNINGHAM *of* HENDRICKS *County* IN *(state), and* DIANE L. TEACHOUT *of* HENDRICKS *County* IN *(state) were 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/ J. K. WARRICK, SENIOR MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 57

HENDRICKS County

File

2-26-91
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 Dr. D. Edwards

MALE APPLICANT

Name First: Steven Middle: Bryan Last: King

Date of Birth Month: June Day: 24, Year: 1964

Place of Birth (State or foreign country): Lebanon Indiana

Residence Address Street or R.R.: 21 Margene Dr. City: Brownsburg County: In. State: 46112

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 Licinse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Roy Eugene King, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dianna May Hough
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Steven B King Date X2/26/91

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) ss:

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

Signed X Steven B King

New Address _____

Subscribed and sworn to before me this 26th day of February 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First: Monica Middle: Marie Last: Sheeks

Date of Birth Month: January Day: 27, Year: 1957

Place of Birth (State or foreign country): Goshen Indiana

Residence Address Street or R.R.: 21 Margene Drive City: Brownsburg County: In. State: 46112

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 Licinse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependant children. Nicholas Allen Sheeks
   Christopher Wayne Sheeks
6. (a) Full name of applicant's father William J. Coburn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Ruth Elizabeth Bosey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Monica M. Sheeks Date 2-26-91

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) ss:

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

Signed X Monica M. Sheeks

New Address _____

Subscribed and sworn to before me this 26th day of Feb. 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-26-91 *, authorizing the marriage of* Steven Bryan King *and* Monica Marie Sheeks *. I further certify that the following marriage certificate was filed in my office: I,* James Hertel *(name), certify that on* 3-30-91 *(date), at* Zionsville *in* Boone *County, Indiana,* _____ Steven Bryan King *of* Hendricks *County* Indiana *(state), and* _____ Monica Marie Sheets *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* 3-30-91 *. Signed by:* /s/ James Hertel *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 58

HENDRICKS County

File

2-26-91
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 Mark E. Bentz, M.D.

MALE APPLICANT

Name: First David Middle Gene Last Noel

Date of Birth: Month January Day 15 Year 1969

Place of Birth (State or foreign country): Franklin Indiana

Residence Address: Street or R.R. R.R. #3 Box 333 City Clayton County Ha. State In. 46118

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 James Hilbert Noel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Rose Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X David G. Noel Date 2-26-91

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) ss:

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

Signed X David G. Noel

New Address _____

Subscribed and sworn to before me this 26th day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Chawnita Middle Lynn Last Carter

Date of Birth: Month September Day 30, Year 1962

Place of Birth (State or foreign country): Lexington Kentucky

Residence Address: Street or R.R. 4132 Vandalia St, City Indpls, County Ma. State In. 46241

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Kristin Cummins
   Timothy Cummins
6. (a) Full name of applicant's father Robert Lee Cummins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Anna Mae Witt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

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

Signature of Applicant X Chawnita Carter Date 2-26-91

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) ss:

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

Signed X Chawnita Carter

New Address SAME

Subscribed and sworn to before me this 26th day of Feb, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 2-26-91 *, authorizing the marriage of* DAVID GENE NOEL *and* CHAWNITA LYNN CARTER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 2-26-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DAVID GENE NOEL *of* HENDRICKS *County* IN *(state), and* CHAWNITA LYNN CARTER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 2-26-91 *. 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* 2-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS
Circuit Court

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 59

HENDRICKS County

File

3-1-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Maria Fletcher M.D.

MALE APPLICANT

Name: First Darwin Middle S. Last Earles

Date of Birth: Month 4 Day 9 Year 51

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5401 O'Hare St. City Indpls. County 46224 State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ross Earles
6. (a) Full name of applicant's father Charles R. Earles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Virginia A. Taylor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Darwin Earles Date 2/1/91

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) ss:

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

Signed X Darwin Earles

New Address

Subscribed and sworn to before me this 1 day of 3, 19 91

Lorrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle L. Last Bauer

Date of Birth: Month 1 Day 19 Year 49

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 135 Cedar Run Dr. Apt. 8 City Bloomington County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Fie.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Henry E. Cornerstone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Mary Moses Donovan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

Signature of Applicant X Donna L. Bauer Date 2-1-91

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) ss:

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

Signed X Donna L. Bauer

New Address

Subscribed and sworn to before me this 1 day of 3, 19 91

Lorrie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-1-91, *authorizing the marriage of* DARWIN S. EARLES *and* DONNA L. BAUER. *I further certify that the following marriage certificate was filed in my office: I,* KENNETH W. PERDUE *(name), certify that on* 3-23-91 *(date), at* CLERMONT *in* MARION *County, Indiana,* DARWIN S. EARLES *of* MARION *County* IN *(state), and* DONNA L. BAUER *of* HENDRICKS *County* IN *(state) were 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/ 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 Lorrie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 60

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

Name: First Bruce Middle Allen Last Powell
Date of Birth: Month 8 Day 6 Year 60
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R.R. RI Box 96 City Clayton County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father Robert Lois Powell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Martha Ola Hopper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton, Indiana
   Birthplace of mother (State or foreign country) Kentucky

FEMALE APPLICANT

Name: First Kimberly Middle Kae Last Carey
Date of Birth: Month 7 Day 3 Year 67
Place of Birth (State or foreign country): Tipton, Indiana
Residence Address: Street or R.R. RI Box 96 City Clayton County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. 0
6. (a) Full name of applicant's father James Raymond Carey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Oakland, Ark.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Louise Gilkey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oakland, Ark
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bruce A Powell Date 3-4-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bruce A Powell
New Address
Subscribed and sworn to before me this 4th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Kimberly R. Carey Date 3-4-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kimberly R. Carey
New Address
Subscribed and sworn to before me this 4th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-4-91 *, authorizing the marriage of* BRUCE A. POWELL *and* KIMBERLY R. CAREY *. I further certify that the following marriage certificate was filed in my office: I,* TIMOTHY G. OGLES *(name), certify that on* 3-23-91 *(date), at* BELLEVILLE *in* HENDRICKS *County, Indiana,* BRUCE A. POWELL *of* HENDRICKS *County* IN *(state), and* KIMBERLY R. CAREY *of* HENDRICKS *County* IN *(state) were 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/ TIMOTHY G. OGLES *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 61

HENDRICKS County

File

3.5.91
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 M. Seeley

MALE APPLICANT

Name: First Robert Middle Floyd Last Thornell
Date of Birth: Month 10 Day 27 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Box 409-3 City Clayton County State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Harold A. Thornell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Fishers. Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara M. Meyer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fortville Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert F Thornell Date 3-5-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Robert F Thornell
New Address _____
Subscribed and sworn to before me this 5 day of 3, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Kay Last Schneider
Date of Birth: Month 1 Day 30 Year 74
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Box 409-3 City Clayton County Hend. State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Clarence M. Schneider
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ladoga Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Charlene R. Kirby
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton Ind.
   Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jennifer K Schneider
New Address _____
Subscribed and sworn to before me this 5 day of 3, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother X Charlene R Mincy ID # _____
Subscribed and sworn to before me this 12 day of 3, 19 91
Connie Lawson Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-91 *, authorizing the marriage of* ROBERT F. THORNELL *and* JENNIFER K. SCHNEIDER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 3-12-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ROBERT F. THORNELL *of* HENDRICKS *County* IN *(state), and* JENNIFER K. SCHNEIDER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-12-91 *. 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* 3-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 62

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 ☐ 3-4-91
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Mark Middle Alan Last Miller

Date of Birth: Month 12 Day 17 Year 63

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 928 Hunter Dr. City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nikki Lynn Miller
6. (a) Full name of applicant's father Herald Lee Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Domain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

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

Signature of Applicant X Mark Miller Date 3/5/91

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) ss:

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

Signed X Mark Miller 3/5/91

New Address

Subscribed and sworn to before me this 5th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Cummings

Date of Birth: Month 5 Day 30 Year 61

Place of Birth (State or foreign country): Tennessee

Residence Address: Street or R.R. 928 Hunter Dr. City Plainfield County Hendricks State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Neall Renee Cummings
   Holly Lynn Cummings
6. (a) Full name of applicant's father James Herbert Riley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas (Deceased)
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Dorothy Jan Snow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

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

Signature of Applicant X Sandra K. Cummings Date 3-5-91

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) ss:

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

Signed X Sandra K. Cummings

New Address

Subscribed and sworn to before me this 5th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-5-91 *, authorizing the marriage of* MARK ALAN MILLER *and* SANDRA KAY CUMMINGS *. I further certify that the following marriage certificate was filed in my office: I,* MYRUN K. WELTY *(name), certify that on* 3-14-91 *(date), at* PUTNAMVILLE *in* PUTNAM *County, Indiana,* MARK A. MILLER *of* HENDRICKS *County* IN *(state), and* SANDRA KAY CUMMINGS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-14-91 *. Signed by:* /s/ MYRUN K. WELTY *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 63

File

3-5-91
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 Michael Newby

MALE APPLICANT

Name: First Darren Middle Daniel Last Burshia

Date of Birth: Month 7 Day 3 Year 1971

Place of Birth (State or foreign country) Helena, Montana

Residence Address: Street or R.R. Danville Dr. City County Hendricks State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Percy D. Comes Last
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Michigan City Ind.
   Birthplace of father (State or foreign country) Montana
   (b) Full maiden name of applicant's mother La Vonne M. Burshia
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Montana
   Birthplace of mother (State or foreign country) Montana

ACKNOWLEDGMENT

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

X Signature of Applicant Date 3-5-91

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) ss:

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

Signed X
New Address Danville

Subscribed and sworn to before me this 5 day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Michelle Middle LeAnn Last Kennedy

Date of Birth: Month 4 Day 23 Year 73 17

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. R 3 Box 374 Lot 12 City Clayton County State IN

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Elmer D. Kennedy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kansas
   (b) Full maiden name of applicant's mother Betsy D. Hallett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

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

X Michelle Kennedy Signature of Applicant Date

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

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Michelle Kennedy
New Address

Subscribed and sworn to before me this 7 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother X Betsy D Hallett ID #

Subscribed and sworn to before me this 7 day of 3, 19 91

Connie Lawson Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-7-91 *, authorizing the marriage of* DARREN D. BURSHIA *and* MICHELLE L. KENNEDY *. I further certify that the following marriage certificate was filed in my office: I,* JERRY G. VANLUE *(name), certify that on* 3-9-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DARREN D. BURSHIA *of* HENDRICKS *County* IN *(state), and* MICHELLE L. KENNEDY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 64

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 ☐
If No, Medical Examination or Report Dated 3-5-91
Name of Physician

MALE APPLICANT

Name: First Gregg Middle Chaley Last Stark
Date of Birth: Month 6 Day 25 Year 59
Place of Birth (State or foreign country): Indpls, Indiana
Residence Address: Street or R.R. 469 Beechwood City Plainfield County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☑
4. Are you 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 John Chaley Stark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara Ann Gregg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Gregg C. Stark Date 3/6/91

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*) ss:

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

Signed X Gregg C. Stark
New Address

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

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Ana Middle Lark Last Morgan
Date of Birth: Month 12 Day 15 Year 61
Place of Birth (State or foreign country): California
Residence Address: Street or R.R. 386 Arbor Green Apt 211 City Indpls County Marion State Ind.
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Christopher Penn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Colorado
   Birthplace of father (State or foreign country) California
   (b) Full maiden name of applicant's mother Shirley Ann Emicon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Ana Lark Morgan Date 3/6/91

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*) ss:

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

Signed X Ana Lark Morgan
New Address 469 Beechwood Rd, Plainfield, IN

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

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-6-91 *, authorizing the marriage of* GREGG C. STARK *and* ANA LARK MORGAN *. I further certify that the following marriage certificate was filed in my office: I,* DONALD R. CURRELL *(name), certify that on* 3-23-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GREGG C. STARK *of* HENDRICKS *County* IN *(state), and* ANA LARK MORGAN *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-6-91 *. Signed by:* /s/ DONALD R. DURRELL *,* NORTHMINSTER PRESBY. CH. *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-26-91 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 65

HENDRICKS County

File 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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician C. Clark

MALE APPLICANT

Name: First Mark Middle Stephen Last Malicoat
Date of Birth: Month 11 Day 1 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 152 N. Cross St. City Danville County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 James Jay Malicoat
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beatrice Irene Tigner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Mark Malicoat Date 3-7-91

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Mark Malicoat
New Address _____
Subscribed and sworn to before me this 7th day of March, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Michelle Last Hood
Date of Birth: Month 2 Day 14 Year 67
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 445 S. 200 W. City Danville County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Carlos Lee Hood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Peggy Lynn Mittelstaeser
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Lisa Hood Date 3-7-91

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lisa Hood
New Address _____
Subscribed and sworn to before me this 7th day of March, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-7-91 *, authorizing the marriage of* MARK STEPHEN MALICOAT *and* LISA MICHELLE HOOD *. I further certify that the following marriage certificate was filed in my office: I,* MILTON CRAIN *(name), certify that on* 3-23-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* MARK S. MALICOAT *of* HENDRICKS *County* IN *(state), and* LISA M. HOOD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-26-91 *. Signed by:* /s/ MILTON CRAIN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 666

File

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 ☑ Yes ☐
If No, Medical Examination or Report Dated 6-7-85
Name of Physician Edgar Kourany

MALE APPLICANT

Name: First Jeffrey Middle Allen Last Sweet
Date of Birth: Month June Day 7 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 115 N East St. City Plainfield County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Harley Sweet
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Julie Ann Bellies
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jeffrey Allen Sweet Date 3-7-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Jeffrey Allen Sweet
New Address Lapel
Subscribed and sworn to before me this ____ day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this ____ day of _____, 19 ____
_____ Clerk

FEMALE APPLICANT

Name: First Sherry Middle Louise Last Plunkett
Date of Birth: Month March Day 23 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 115 N East St. City Plainfield County Hendricks State In
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Noel Everett Plunkett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sandra Louise Liebe
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sherry Louise Plunkett Date 3/7/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Sherry Louise Plunkett
New Address SAME
Subscribed and sworn to before me this 7 day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-7-91, *authorizing the marriage of* Jeffrey Allen Sweet *and* Sherry L. Plunkett. *I further certify that the following marriage certificate was filed in my office: I,* William J. Brown *(name), certify that on* 3-23-91 *(date), at* Pittsboro *in* Hendricks *County, Indiana,* Jeffrey A. Sweet *of* Hendricks *County* Indiana *(state), and* Sherry L. Plunkett *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* 3-23-91. *Signed by:* /s/ William J. Brown, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-23-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 67

File

3-8-91
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 Michael Spalding

MALE APPLICANT

Name First Craig Middle M. Last Callahan

Date of Birth Month 2 Day 13 Year 66

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 7235 S. East St. City Plfd. County State

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) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Michael Paul Callahan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Linda Kay Brooks
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd. Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant X Craig M. Callahan 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Craig M. Callahan

New Address _____

Subscribed and sworn to before me this 8 day of 3, 19 91

Connie Sowers Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Amy Middle S. Last Lilly

Date of Birth Month 4 Day 1 Year 68

Place of Birth (State or foreign country) IN

Residence Address Street or R.R. 454 W. Main City Danville County State

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) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Keith Anson Lilly
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Hazel Jan Deimler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

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

Signature of Applicant X Amy S Lilly 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Amy S. Lilly

New Address _____

Subscribed and sworn to before me this 8 day of 3, 19 91

Connie Sowers Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-91 *, authorizing the marriage of* CRAIG CALLAHAN *and* AMY LILLY *. I further certify that the following marriage certificate was filed in my office: I,* P. MICHAEL THORNBURG *(name), certify that on* 3-16-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CRAIG CALLAHAN *of* HENDRICKS *County* IN *(state), and* AMY LILLY *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-91 *. Signed by:* s/ P. MICHAEL THORNBURG *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-20-91 *(date).*

Signed Connie Sowers *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 68

File

3.8.91
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

Name: First John Middle J. Last Burns

Date of Birth: Month 8 Day 22 Year 63

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 3622 St. Thomas Blvd #C City Indpls. County State Ind. 46214

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) Dr. file.

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

6. (a) Full name of applicant's father John Sanders Burns
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mgs Port Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Hilda Opal Eversley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mgs Port Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant X John Jay Burns 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X John Jay Burns

New Address

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

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Megen Middle A. Last McKee

Date of Birth: Month 11 Day 1 Year 69

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 230 Apple Blossom Dr. City B'burg County State

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) Dr. file.

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

6. (a) Full name of applicant's father Danny Gene McKee
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Julianna Updike Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

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

Signature of Applicant X Megen A. McKee 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X Megen A. McKee

New Address

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

_____ Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of *HENDRICKS*) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-91 *, authorizing the marriage of* John J. Burns *and* Megen A. McKee *. I further certify that the following marriage certificate was filed in my office: I,* 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 *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* 3-8-91 *. Signed by:* s/s Janet E. Moore *,* Ordained Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 69

HENDRICKS County

File

3-8-91
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 D.S. Myers

MALE APPLICANT

Name: First David Middle M. Last Wilson

Date of Birth: Month 3 Day 16 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6038 Lakeside Dr. City Apt B Pitts. County State

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) Dr. Rpt.

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

6. (a) Full name of applicant's father John F.K. Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Matilene White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls Ind
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

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

Signature of Applicant x David M. Wilson Date 8MAR91

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

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x David M. Wilson

New Address _____

Subscribed and sworn to before me this 8 day of 3, 19 91

Connie Sawyer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle C. Last Wright

Date of Birth: Month 12 Day 29 Year 59

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box 364 City Clayton County State

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) Dr. Rpt.

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

6. (a) Full name of applicant's father William Rudy Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother Janice Kay White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

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

Signature of Applicant x Robin C. Wright 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed x Robin C. Wright

New Address _____

Subscribed and sworn to before me this 8 day of 3, 19 91

Connie Sawyer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-91, *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 *of* HENDRICKS *County* IN *(state), and* ROBIN CHRISTINA WRIGHT *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-13-91. *Signed by:* /s/ DARRIS L. McNEELY, MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-14-91 *(date).*

Signed Connie Sawyer *Clerk*
HENDRICKS *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 70

HENDRICKS County

File

3-8-91
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 F. Thompson

MALE APPLICANT

Name First Bret Middle A. Last Sinclair

Date of Birth Month June Day 24 Year 1965

Place of Birth (State or foreign country) In.

Residence Address 801 Ridgeview Street or R.R. City Plainfield County State

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) Dr. Lyons

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

6. (a) Full name of applicant's father Larry Sinclair
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Linda Sanders
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant X Bret Sinclair 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Bret Sinclair

New Address _____

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name First Jerilyn Middle L. Last Bishop

Date of Birth Month May Day 26 Year 1968

Place of Birth (State or foreign country) In.

Residence Address 10352 N. 025 E Street or R.R. City Brownsburg County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 John Bishop
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Same
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Nancy Ann Blaschke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

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

Signature of Applicant X Jerilyn L. Bishop 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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Jerilyn L. Bishop

New Address 801 Ridgeview Plainfield In 46168

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

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-8-91 *, authorizing the marriage of* BRET A. SINCLAIR *and* JERILYN L. BISHOP *. I further certify that the following marriage certificate was filed in my office: I,* MARTIN A. PETER *(name), certify that on* 4-13-91 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* BRET A. SINCLAIR *of* HENDRICKS *County* IN *(state), and* JERILYN L. BISHOP *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-13-91 *. Signed by:* /s/ MARTIN A. PETER *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-91 *(date).*

Signed _____ *Clerk*
HENDRICKS
Circuit Court

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

No. 71

HENDRICKS County

File

3-11-91
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 3-2-91
Name of Physician Terri J. Brown

MALE APPLICANT

Name: First Marvin Middle Lee Last Malicoat

Date of Birth: Month 2 Day 5 Year 49

Place of Birth (State or foreign country) Naples, Ind.

Residence Address: Street or R.R. 152 N. Cross City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

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

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Dignor Leigh Malicoat, Patrick Joseph Malicoat, Michaela Marie Malicoat
6. (a) Full name of applicant's father James J. Malicoat
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beatrice Irene Isgrer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

Signature of Applicant X Marvin L. Malicoat Date 3/11/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Marvin L. Malicoat

New Address _____

Subscribed and sworn to before me this 11th day of March 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

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

_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle Charlene Last LeGrand

Date of Birth: Month 11 Day 5 Year 48

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

Residence Address: Street or R.R. 2806 Donna Bell City Naples County Marion State Indiana

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 Licence

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Claude Donald LeGrand
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Venus Lenore Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) West Virginia
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

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

Signature of Applicant X Donna C. LeGrand Date 3-11-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

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

Signed X Donna C. LeGrand

New Address _____

Subscribed and sworn to before me this 11th day of March 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-11-91 *, authorizing the marriage of* MARVIN MALICOAT *and* DONNA LeGRAND *. I further certify that the following marriage certificate was filed in my office: I,* LARRY JUDD *(name), certify that on* 3-16-91 *(date), at* CALVARY CHAPEL *in* HENDRICKS *County, Indiana,* MARVIN MALICOAT *of* HENDRICKS *County* IN *(state), and* DONNA LeGRAND *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-91 *. Signed by:* /s/ LARRY JUDD *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-19-19 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 72

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 Nicholas Poorhorse

MALE APPLICANT

Name: First David Middle L. Last Kemp

Date of Birth: Month 7 Day 13 Year 60

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 3675 Ireland Rd. City Indpls. County State

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) Dr. Lic.

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

6. (a) Full name of applicant's father Donald Lee Kemp
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Beverly Ann Russell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

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

Signature of Applicant X David L. Kemp Date

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

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X David L. Kemp

New Address

Subscribed and sworn to before me this 12 day of 3, 19 91

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Laura Middle J. Last Roach

Date of Birth: Month 10 Day 30 Year 57

Place of Birth (State or foreign country) Texas

Residence Address: Street or R.R. 6 Richfield Apt. City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-87

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

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

6. (a) Full name of applicant's father William Felty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Spencer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Italy

ACKNOWLEDGMENT

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

Signature of Applicant X Laura J. Roach Date

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

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

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

Signed X Laura J. Roach

New Address

Subscribed and sworn to before me this 12 day of 3, 19 91

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-91 *, authorizing the marriage of* DAVID L. KEMP *and* LAURA J. ROACH *. I further certify that the following marriage certificate was filed in my office: I,* CHARLES ELSTON *(name), certify that on* 4-6-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID L. KEMP *of* MARION *County* IN *(state), and* LAURA J. ROACH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-15-91 *. Signed by:* /s/ CHARLES ELSTON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-6-91 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 73

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 3-5-91
Name of Physician

MALE APPLICANT

Name: Daniel (First) Lee (Middle) Harness (Last)
Date of Birth: Month 11 Day 19 Year 68
Place of Birth (State or foreign country): Indiana
Residence Address: 982 Hunter Dr. (Street or R.R.), Plainfield (City), Hendricks (County), Indiana (State)
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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: Lester Ray Harness
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Kentucky
   (b) Full maiden name of applicant's mother: Eva Louise Lawile
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Kentucky

ACKNOWLEDGMENT

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

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Daniel L. Harness
New Address
Subscribed and sworn to before me this 12th day of March, 19 91
Hendricks Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: Jacalyn (First) Hamblen (Middle) Seneff (Last)
Date of Birth: Month 11 Day 2 Year 53
Place of Birth (State or foreign country): Indiana
Residence Address: 82 Hunter Dr. (Street or R.R.), Plainfield (City), Hendricks (County), Indiana (State)
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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: Smiley Seneff
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state): Indiana
   Birthplace of father (State or foreign country): Indiana
   (b) Full maiden name of applicant's mother: Marylenn Beeler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state): Indiana
   Birthplace of mother (State or foreign country): Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jacalyn Hamblen Seneff Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jacalyn Hamblen Seneff
New Address
Subscribed and sworn to before me this 12th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-91 *, authorizing the marriage of* DANIEL L. HARNESS *and* JACALYN HAMBLEN SENEFF *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 3-12-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DANIEL L. HARNESS *of* HENDRICKS *County* IN *(state), and* JACALYN SENEFF *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-12-91 *. 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* 3-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 74

HENDRICKS 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 J J Story

MALE APPLICANT

Name: First Lawrence Middle S Last Lehner
Date of Birth: Month Feb Day 14 Year 1951
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6 Kirby Ln City Brownsburg County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Isadore Lehner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Betty Mae Kapinska
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Lawrence S Lehner Date 3/12/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lawrence S Lehner
New Address Same
Subscribed and sworn to before me this 13 day of 3, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Connie Middle Lea Last Brinkley
Date of Birth: Month Sept Day 6 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6 Kirby Ln City Brownsburg County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Charles Slade Brinkley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Carolyn Rosalia Long
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Connie L Brinkley Date 3/12/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Connie L Brinkley
New Address Same
Subscribed and sworn to before me this 13 day of 3, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-91 *, authorizing the marriage of* Lawrence S. Lehner *and* Connie L. Brinkley *. I further certify that the following marriage certificate was filed in my office: I,* Laurence Elis Milder *(name), certify that on* 3-23-91 *(date), at* Indianapolis Hebrew Congregation *in* Marion *County, Indiana,* Lawrence S. Lehner *of* Hendricks *County* Indiana *(state), and* Connie L. Brinkley *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* 3-23-91 *. Signed by:* /s/ Laurence Elis Milder *,* Rabbi *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 75

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 William Jones

MALE APPLICANT

Name: First John Middle A Last Bruner

Date of Birth: Month 2 Day 29 Year 68

Place of Birth (State or foreign country) Indpls, Indiana

Residence Address: Street or R.R. 159 W. St. City Plainfield County State IN 46168

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James R. Bruner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Ann Phfister
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant John R Bruner Date 3-12-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed John R Bruner

New Address Same As Above

Subscribed and sworn to before me this 12th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle M Last Shrake

Date of Birth: Month 12 Day 2 Year 67

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 159 West St. City Plainfield County State IN 46168

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Kenneth Wesley Shrake Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marie Meredith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Linda M Shrake Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Linda M Shrake

New Address Same As Above

Subscribed and sworn to before me this 12th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-12-91 *, authorizing the marriage of* JOHN R. BRUNER *and* LINDA M. SHRAKE *. I further certify that the following marriage certificate was filed in my office: I,* STEVEN L. WELKER *(name), certify that on* 3-26-91 *(date), at* 1:00 p.m. FIRST CHRISTIAN CHURCH *in* MORGAN COUNTY *County, Indiana,* JOHN R. BRUNER *of* HENDRICKS *County* IN *(state), and* LINDA M. SHRAKE *of* HENDRICKS *County* IN *(state) were 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/ STEVEN L. WELKER *,* ASSOC. PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 76

File

3-13-91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated 3-7-91
Name of Physician Spitz

MALE APPLICANT

Name: First Richard Middle L. Last Davis

Date of Birth: Month 1 Day 24 Year 34

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2015 N. Ressler Blvd City A. Dr. County Hdpls. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Richard Jr.
6. (a) Full name of applicant's father Lester Edward Davis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) MO
   (b) Full maiden name of applicant's mother Lydia Lou Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Richard L. Davis Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Richard L. Davis

New Address

Subscribed and sworn to before me this 13 day of March 19 91

Connie Spuson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Annetta Middle S. Last Williamson

Date of Birth: Month 8 Day 24 Year 54

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 698 French St. City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-28-88

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Austin Williamson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Harmony Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Martha Alice Stamper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Depuy
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Annetta S. Williamson 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

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Annetta S. Williamson

New Address Same as above

Subscribed and sworn to before me this 13 day of March 19 91

Connie Spuson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-13-91 *, authorizing the marriage of* RICHARD LEE DAVIS *and* ANNETTA SUE WILLIAMSON *. I further certify that the following marriage certificate was filed in my office: I,* JACQUELINE A. MEANS *(name), certify that on* 3-23-91 *(date), at* ST. MARK'S EPISCOPAL CHURCH *in* HENDRICKS *County, Indiana,* RICHARD LEE DAVIS *of* MARION *County* IN *(state), and* ANNETTA SUE WILILAMSON *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-25-91 *. Signed by:* /s/ JACQUELINE A. MEANS *,* PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-26-91 *(date).*

Signed Connie Spuson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 77

File

3-13-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated 3-6-91
Name of Physician

MALE APPLICANT

Name: First Darren Middle Wood Last Keltner

Date of Birth: Month 7 Day 11 Year 64

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 935 Gary Dr. City Plainfield County Hendricks State Indiana

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Donald Neal Keltner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nelda Jean Wood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Darren W. Keltner 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Darren W. Keltner

New Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathy Middle Leanne Last Hochstetler

Date of Birth: Month 12 Day 1 Year 65

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 935 Gary Dr. City Plainfield County Hendricks State Indiana

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Paul Leon Hochstetler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patricia Lee White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kathy L. Hochstetler 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kathy L. Hochstetler

New Address

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-13-91 *, authorizing the marriage of* Darren Wood Keltner *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 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ *of* Darren Wood Keltner Hendricks *County* IN *(state), and* _____ *of* Karen Leanne Hochstetler Hendricks *County* IN *(state) were 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/ William R. Clayton *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 78

File

3-13-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician K. Steigemaller

MALE APPLICANT

Name: First Neil Middle Jeffrey Last Burgan

Date of Birth: Month 5 Day 18 Year 52

Place of Birth (State or foreign country): Dandenong Victoria Australia

Residence Address: Street or R.R. 1 Arrbrae Ave City Elyston County South State Australia

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Walter William Issac Burgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) S. Australia
   Birthplace of father (State or foreign country) Australia
   (b) Full maiden name of applicant's mother Ruby Ellen Walker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Australia
   Birthplace of mother (State or foreign country) Australia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Eva Middle Beth Last Rush

Date of Birth: Month 12 Day 31 Year 57

Place of Birth (State or foreign country): Illinois

Residence Address: Street or R.R. 1023 Green City Brownsburg County Hendricks State Indiana

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Joseph Thomas Rush
   Amanda Leann Rush
   Brandon Wesley Rush
6. (a) Full name of applicant's father Ralph Eugene Seeley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Price Jane Vaul
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Eva B. Rush 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Eva B. Rush

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-13-91 *, authorizing the marriage of* JEFFERY BURGAN *and* EVA BETH RUSH *. I further certify that the following marriage certificate was filed in my office: I,* JACK RUSSELL *(name), certify that on* 4-13-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JEFFERY BURGAN *of* HENDRICKS *County* IN *(state), and* EVA BETH RUSH *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-13-91 *. 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 [signature] *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 79

HENDRICKS County

File

3-13-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated 3-6-91
Name of Physician

MALE APPLICANT

Name: First *Larry* Middle *Dewayne* Last *Strahl*
Date of Birth: Month 1 Day 23 Year 48
Place of Birth (State or foreign country) *Anple, Indiana*
Residence Address: Street or R.R. *29 Piccadilly Rd,* City *Brownsburg,* County *Hendricks,* State *Ind*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *2*
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Drivers License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. *Mcpelle Ann Strahl, Cecilia Rose Strahl, Angela Marie Strahl*
6. (a) Full name of applicant's father *Robert Joseph Strahl*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana (Deceased)*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Mary Nancy Caruso*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Deceased.*
   Birthplace of mother (State or foreign country) *Pennsylvania*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *Larry D. Strahl* 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed *Larry D. Strahl*
New Address _____

Subscribed and sworn to before me this 13th day of March 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First *Alice* Middle *Maxine* Last *Strahl*
Date of Birth: Month 11 Day 27 Year 55
Place of Birth (State or foreign country) *California*
Residence Address: Street or R.R. *29 Piccadilly Rd,* City *Brownsburg,* County *Hendricks,* State *Ind*
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 License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. *Celeija Rose Strahl, Angela Marie Strahl*
6. (a) Full name of applicant's father *Albert Eugene Lackey*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Deceased*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Martha Mae Hunter*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Deceased*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *Alice Strahl* 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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed *Alice Strahl*
New Address _____

Subscribed and sworn to before me this 13th day of March, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-13-91 *, authorizing the marriage of* Larry Dewayne Strahl *and* Alice Maxine Strahl *. I further certify that the following marriage certificate was filed in my office: I,* David M. Strahl *(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 *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* 4-20-91 *. Signed by:* /s/ David M. Strahl *, (official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-8-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 80

HENDRICKS County

File

March 14, 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

MALE APPLICANT

Name: First Scott Middle Anthony Last Bryan

Date of Birth: Month Sept. Day 30 Year 1970

Place of Birth (State or foreign country): Anderson Madison In.

Residence Address: 2804 Street or R.R. Greenbriar Rd. City Anderson County State In.

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 license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 William T. Bryan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anderson, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Janice Kay Fleener
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Anderson, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Scott A Bryan Date 3/14/91 x

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Scott A Bryan
New Address 326 1/2 South Vine Street

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Lynn Last Ping

Date of Birth: Month March Day 3 Year 1972

Place of Birth (State or foreign country): Indpls. Marion In

Residence Address: 1011 Street or R.R. Gary Dr. City Plainfield County Hend. State In.

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 license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Larry Ross Ping
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Carol Roach
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa Lynn Ping Date 3-14-91 x

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Lisa Lynn Ping
New Address 326 1/2 S. Vine Street

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3/14/91 *, authorizing the marriage of* SCOTT ANTHONY BRYAN *and* LISA LYNN PING *. I further certify that the following marriage certificate was filed in my office: I,* DON C. TRUEX *(name), certify that on* 3-16-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* SCOTT A. BRYAN *of* HENDRICKS *County* IN *(state), and* LISA L. PING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-91 *. Signed by:* /s/ DON C. TRUEX *,* EVANGELIST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-26-91 *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 81

File

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 Report Dated 3-15-91
Name of Physician W. C. Stafford

MALE APPLICANT

Name: First Todd Middle N. Last Macy

Date of Birth: Month 3 Day 19 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City County State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Jay E. Macy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Velta Reynolds
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Todd N. Macy 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Todd N. Macy

New Address _____

Subscribed and sworn to before me this 15 day of 3, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle L. Last Thorpe

Date of Birth: Month 1 Day 5 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 4949 E 350 N City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Randy Christopher Wright
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Diana Kay Yates
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle L. Thorpe 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michelle L. Thorpe

New Address _____

Subscribed and sworn to before me this 15 day of 3, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-91, *authorizing the marriage of* Todd N. Macy *and* Michelle L. Thorpe. *I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 4-6-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Todd N. Macy *of* Hendricks *County* Indiana *(state), and* Michelle L. Thorpe *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* 4-6-91. *Signed by:* /s/ Myron Barnard, Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-9-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 82

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 Report Dated
Name of Physician Michael Bonhoff
Hendricks Hospital

MALE APPLICANT

Name: First Milton Middle J. Last Smith

Date of Birth: Month 4 Day 30 Year 29

Place of Birth (State or foreign country) CA.

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☒ 1 Divorce ☒ 2 Annulment ☐ Date 2-22-78

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Frank M. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) NY
   (b) Full maiden name of applicant's mother Lydia E. Hough
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Milton J. Smith 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Milton J. Smith

New Address

Subscribed and sworn to before me this 15 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lana Middle J. Last Adkins

Date of Birth: Month 4 Day 6 Year 44

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. PO Box 35 City Carterburg County Ind. State 4-78

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) Voters Reg.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Edward Wainwright Adkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) WA.
   (b) Full maiden name of applicant's mother Martha Shaw
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lana J Adkins 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lana J Adkins

New Address

Subscribed and sworn to before me this 15 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-91 *, authorizing the marriage of* Milton J. Smith *and* Lana J. Adkins *. I further certify that the following marriage certificate was filed in my office: I,* Chester L. Ross *(name), certify that on* 4-20-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Milton J. Smith *of* Hendricks *County* Indiana *(state), and* Lana J. Adkins *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-15-91 *. Signed by:* /s/ Chester L. Ross *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 83

File

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 Report Dated
Name of Physician Richard Floyd

MALE APPLICANT

Name: First Terry Middle Lee Last Ridner

Date of Birth: Month 6 Day 10 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 535 W. E. 56th St. City B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-85

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tiffani Nichole Ridner

6. (a) Full name of applicant's father Wendell Lee Ridner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg. In.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Martha Sue Ridner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg. In.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Terry Ridner Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Terry Ridner

New Address

Subscribed and sworn to before me this 15 day of 2, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Shelby Middle Lynne Last Agnew

Date of Birth: Month 1 Day 25 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3602 N. Patton Dr. City Indpls. County State

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) Dr-Rje.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Shane Michael Agnew
   Joshua Lee Agnew

6. (a) Full name of applicant's father Raymond Eugene Agnew
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dogpatch
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha Jane Hart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X S Agnew Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X S Agnew

New Address

Subscribed and sworn to before me this 15 day of 3, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-91 *, authorizing the marriage of* TERRY LEE RIDNER *and* SHELBY LYNNE AGNEW *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 3-15-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* TERRY LEE RIDNER *of* HENDRICKS *County* IN *(state), and* SHELBY LYNNE AGNEW *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-15-91 *. 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* 3-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 84

HENDRICKS County

File

3.15.91
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 Virginia Wagner

MALE APPLICANT

Name: First Jeffrey Middle A. Last Stephens

Date of Birth: Month 5 Day 27 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amanda M., Ashley L.

6. (a) Full name of applicant's father John Edward Stephens
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Sharon Lynn Brown
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Jeffy A. Stephens 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Jeffy A. Stephens
New Address

Subscribed and sworn to before me this 15 day of 3, 19 91

Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Marlene Middle M. Last Knotts

Date of Birth: Month 4 Day 19 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 413 Linden Ln. City Pitt. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jamie D.

6. (a) Full name of applicant's father James Michael Hendryx
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Delaware Ind.
   Birthplace of father (State or foreign country) Ind. TN
   (b) Full maiden name of applicant's mother Donna Sue Scott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Marlene Knotts 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Marlene Knotts
New Address

Subscribed and sworn to before me this 15 day of 3, 19 91

Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3.15.91, *authorizing the marriage of* JEFFREY A. STEPHENS *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 *in* HENDRICKS *County, Indiana,* JEFFREY A. STEPHENS *of* HENDRICKS *County* IN *(state), and* MARLENE M. KNOTTS *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-22-91. *Signed by:* /s/ DAVID H. COLEMAN, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-22-91 *(date).*

Signed Connie Spurgeon *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 85

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 Report Dated
Name of Physician Nicholas N. Trochoros, M.D.

MALE APPLICANT

Name: First Wayne Middle Eugene Last Woolard
Date of Birth: Month August Day 16 Year 1954
Place of Birth (State or foreign country) Bloomington Monroe Co. Indiana
Residence Address: Street or R.R. 9601 Melody Lane City Indpls. County State 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michael Leroy Woolard
6. (a) Full name of applicant's father Russell Hale Woolard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Loretta Mae Robertson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Wayne E. Woolard 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Wayne E. Woolard
New Address Same
Subscribed and sworn to before me this 15th day of Mar, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sherrie Middle Lynn Last Woolard
Date of Birth: Month December Day 29, Year 1959
Place of Birth (State or foreign country) Noblesville Hamilton Co. Indiana
Residence Address: Street or R.R. 9601 Melody Lane City Indpls. County In. State 46231
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Paul Edward Woolard, Jr., Michelle Lynn Woolard
6. (a) Full name of applicant's father Kenneth B. Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Evelyn Louise Garrison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sherrie L Woolard 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Sherrie L Woolard
New Address Same
Subscribed and sworn to before me this 15th day of Mar, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-91 *, authorizing the marriage of* WAYNE EUGENE WOOLARD *and* SHERRIE LYNN WOOLARD *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 3-15-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* WAYNE E. WOOLARD *of* HENDRICKS *County* IN *(state), and* SHERRIE L. WOOLARD *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-15-91 *. 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* 3-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 86

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 Report Dated
Name of Physician Linda Marlar

MALE APPLICANT

Name: First Mark Middle Edmund Last Hagans
Date of Birth: Month December Day 18, Year 1955
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. 10032 E. 750 N. City Brownsburg, County, State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father Harry Edmund Hagans
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Louise Elliott
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Mark E. Hagans 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Mark E. Hagans
New Address same
Subscribed and sworn to before me this 15th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Vickie Middle Suzzan Last Dodds
Date of Birth: Month April Day 7, Year 1960
Place of Birth (State or foreign country): Louisville, Kentucky
Residence Address: Street or R.R. 10032 E 750 N City Brownsburg, County, State In. 46112
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father William Eugene Lawson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Beverly Wanda Stengel
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kentucky
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Vickie S Dodds 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Vickie S Dodds
New Address same
Subscribed and sworn to before me this 15th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-91 *, authorizing the marriage of* Mark Edmund Hagans *and* Vickie Suzzan Dodds *. I further certify that the following marriage certificate was filed in my office: I,* John L. Hall *(name), certify that on* 4-6-91 *(date), at* 10032 E. 750 North *in* Hendricks *County, Indiana,* Mark Edmund Hagans *of* Hendricks *County* Indiana *(state), and* Vickie Suzzan Dodds *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* 4-6-91 *. Signed by:* /s/ John L. Hall *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 87

File

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a 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 Robert Aiello, M.D.

MALE APPLICANT

Name: First Glenn Middle A Last Jordan

Date of Birth: Month 8 Day 7 Year 52

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 905 400E. City Danville County State IN.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Donald William Jordan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Mary Lou Brewer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

IX Signature of Applicant Glen A Jordan 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Glen A Jordan

New Address Same

Subscribed and sworn to before me this 15th day of March 19 91

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Sally Middle J Last Ashbrooke

Date of Birth: Month 8 Day 23 Year 54

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 905. 400E. City Danville County IN State 46122

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Kenneth Leo Ashbrooke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Mary Jane Sharp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Sally Ashbrooke 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Sally Ashbrooke

New Address Same

Subscribed and sworn to before me this 15th day of March 19 91

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-15-91 *, authorizing the marriage of* GLEN A. JORDAN *and* SALLY J. ASHBROOKE *. I further certify that the following marriage certificate was filed in my office: I,* JERRY R. DISBRO *(name), certify that on* 3-16-91 *(date), at* LEBANON *in* BOONE *County, Indiana,* GLEN A. JORDAN *of* HENDRICKS *County* IN *(state), and* SALLY J. ASHBROOKE *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-16-91 *. 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).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. ~~86~~ 88

HENDRICKS County

File

3-18-91
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 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 Rogers

MALE APPLICANT

Name: First Bruce Middle Gilbert Last Felix
Date of Birth: Month Jan Day 1 Year 1956
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 233 Meadow Ln. City Plainfield County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Courtney Louise Felix 7yr, Brandon Gregory 5yr
6. (a) Full name of applicant's father Harry Noland Felix
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dora Mae Kellums
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Bruce A. Felix Date 3-18-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Bruce A. Felix
New Address Same

Subscribed and sworn to before me this 18 day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Donna Middle Kay Last Cramer
Date of Birth: Month Nov. Day 24 Year 1953
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 233 Meadow Ln. City Plainfield County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brian Erik 14 yr Stephen Michael 12 yrs. Matthew Scott 12 yr.
6. (a) Full name of applicant's father Robert Dene Haak Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Velma Leah Hatchett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Donna Kay Cramer Date 3-18-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Donna Kay Cramer
New Address Same

Subscribed and sworn to before me this 18 day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-18-91 *, authorizing the marriage of* BRUCE GILBERT FELIX *and* DONNA KAY CRAMER *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* 3-23-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* BRUCE GILBERT FELIX *of* HENDRICKS *County* IN *(state), and* DONNA KAY CRAMER *of* HENDRICKS *County* IN *(state) were 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/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 3-27-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 89

File

3-18-91
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 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 Ellis

MALE APPLICANT

Name: First Christopher Middle D. Last Phillips
Date of Birth: Month Jan Day 3 Year 1970
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R.R. Rt 1 Box 484A City Clayton County Hen. State In.
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) Dr. Lyons

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Nolan Phillips
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Marylou Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Chris D. Phillips Date 3-18-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Chris D. Phillips
New Address 6334 Markwood Ave
Subscribed and sworn to before me this 18 day of Mar, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle M. Last Kennelly
Date of Birth: Month July Day 2 Year 1964
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. 6748 Turnberry City Way County Hen. State In.
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Thomas Kennelly
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hen. Co., In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Myra Robbins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Tenn.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Susan M Kennelly Date 3-18-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Susan M Kennelly
New Address 6334 Markwood
Subscribed and sworn to before me this 18 day of Mar, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-18-91 *, authorizing the marriage of* Christopher D. Phillips *and* Susan M. Kennelly *. I further certify that the following marriage certificate was filed in my office: I,* S. Creston Eckart *(name), certify that on* 4-20-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Christopher D. Phillips *of* Marion *County* Indiana *(state), and* Susan M. Kennelly *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-18-91 *. Signed by:* /s/ S. Creston Eckart *,* Elder *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 90

HENDRICKS County

File

3-18-91
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 under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐ 3-8-91
If No, Medical Examination or Report Dated
Name of Physician Edwards

MALE APPLICANT

Name: First Douglas Middle Neil Last Gillaspy
Date of Birth: Month 8 Day 11 Year 69
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR 2 Box 294A City Clayton County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 George Earl Gillaspy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna Kay Adams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Douglas Neil Gillaspy Date 3-18-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Douglas Neil Gillaspy
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Roxann Middle Last Lewis
Date of Birth: Month 3 Day 31 Year 71
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. RR 2 Box 170-1 City Clayton County Hendricks State Indiana
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 David Eugene Lewis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) West Virginia
   (b) Full maiden name of applicant's mother Jerilyn Holt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) West Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Roxann Lewis Date 3-18-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Roxann Lewis
New Address _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-18-91 *, authorizing the marriage of* Douglas Neil Gillaspy *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 *in* Morgan *County, Indiana,* _____ Douglas N. Gillaspy *of* Hendricks *County* Indiana *(state), and* _____ Roxann Lewis *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* 3-23-91 *. Signed by:* /s/ Stephen Lane *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-91 _____ *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 91

File

3-21-91
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.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Robert Howell

MALE APPLICANT

Name: First Dennis Middle L Last Davis

Date of Birth: Month 1 Day 21 Year 54

Place of Birth (State or foreign country) Indpls, IN

Residence Address: Street or R.R. 35 Robinwood Dr. City Brownsburg County State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Leonard Smyrnis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Barbara Ann Bell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Dennis L Davis Date 3-21-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Dennis L Davis
New Address Same

Subscribed and sworn to before me this 21 day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle A Last Hughes

Date of Birth: Month 7 Day 5 Years 61

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 35 Robinwood Dr. City Brownsburg County State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua Wilson, Trevor Wilson, Blake Hughes
6. (a) Full name of applicant's father Loren Geiger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ILL
   Birthplace of father (State or foreign country) ILL
   (b) Full maiden name of applicant's mother Donna M Ginder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) ILL
   Birthplace of mother (State or foreign country) ILL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Deborah A. Hughes Date 3/21/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Deborah A. Hughes
New Address Same

Subscribed and sworn to before me this 21 day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-21-91 *, authorizing the marriage of* DENNIS L.DAVIS *and* DEBORAH A. HUGHES *. I further certify that the following marriage certificate was filed in my office: I,* EDWARD DEAN DICKINSON *(name), certify that on* 3-23-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DENNIS L. DAVIS *of* HENDRICKS *County* IN *(state), and* DEBORAH A. HUGHES *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-23-91 *, Signed 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 92

HENDRICKS County

File 3-21-91
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.

Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 1-24-91
Name of Physician Miller

MALE APPLICANT

Name: First Frank Middle Jay Last McIntire
Date of Birth: Month 10 Day 6 Year 61
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 98 N. 325 W., City Danville, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 James F. McIntire
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Maxine Hazzdale
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Frank Jay McIntire Date 3-21-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Frank Jay McIntire
New Address _____
Subscribed and sworn to before me this 21st day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melanie Middle Jayne Last Cline
Date of Birth: Month 10 Day 6 Year 62
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 1880 W. 10th St. 33-6 City Indpls, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Stacey Rae Cline
6. (a) Full name of applicant's father Orval Frederick Burke
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Vicki Lee Gilliland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Melanie J. Cline Date 3-21-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Melanie J. Cline
New Address _____
Subscribed and sworn to before me this 21st day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-21-91 *, authorizing the marriage of* Frank Jay McIntire *and* Melanie Jayne Cline *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 4-19-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Frank Jay McIntire *of* Hendricks *County* Indiana *(state), and* Melanie Jayne Cline *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 93

HENDRICKS County

File

3-22-91
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 Donald Johnson

MALE APPLICANT

Name: First Steven Middle E. Last Meisenholder

Date of Birth: Month 11 Day 4 Year 56

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 11335 W. Washington City St Joseph County Hendricks Co. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4.90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jason, Windy, Kevin

6. (a) Full name of applicant's father Samuel Arnold Meisenholder
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Manhatten Beach CA
   Birthplace of father (State or foreign country) MS
   (b) Full maiden name of applicant's mother Joyce Colleen Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Steven E Meisenholder Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Steven E. Meisenholder

New Address

Subscribed and sworn to before me this day of , 19

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Marcella Middle Rosalia Last Loera

Date of Birth: Month 6 Day 19 Year 63

Place of Birth (State or foreign country) CA

Residence Address: Street or R.R. ← Same City County State

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tina Lynne

6. (a) Full name of applicant's father George Richard Loera
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Huntington Beach CA
   Birthplace of father (State or foreign country) CA
   (b) Full maiden name of applicant's mother June Eileen Horton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Denver Colorado
   Birthplace of mother (State or foreign country) Pomona CA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Marcella Loera Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Marcella Loera

New Address

Subscribed and sworn to before me this day of , 19

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-91 *, authorizing the marriage of* Steven E. Meisenholder *and* Marcella R. Loera *. I further certify that the following marriage certificate was filed in my office: I,* Ronald Harris *(name), certify that on* 3-31-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Steven E. Meiseholder *of* Hendricks *County* IN *(state), and* Marcella R. Loera *of* Hendricks *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-31-91 *. 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 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 94

File

3-22-91
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

Name: First Michael Middle Anthony Last Pierle II

Date of Birth: Month Nov Day 1 Year 1966

Place of Birth (State or foreign country) Mo.

Residence Address: Street or R.R. 5755 C Villas Ln City Montgomery County State Al

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) Dr. Louise

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Michael A. Pierle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) St. Louis, Mo
   Birthplace of father (State or foreign country) Co.
   (b) Full maiden name of applicant's mother Sally Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Mo

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael A. Pierle Date 03/22/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michael A. Pierle
New Address 5755 C VILLAS LN, MONTGOMERY, AL 36116

Subscribed and sworn to before me this 22 day of Mar, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Shannon Middle M. Last Kellems

Date of Birth: Month Mar Day 1 Year 1965

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. 152 Sycamore City Brownsburg County State

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) Dr. Louise

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Gerald L. Kellems
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Anapolis, In.
   Birthplace of father (State or foreign country) Mich.
   (b) Full maiden name of applicant's mother Ann Chambers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Shannon M. Kellems Date 3-22-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Shannon M. Kellems
New Address 5755 C Villas Ln Montgomery, AL 36116

Subscribed and sworn to before me this 22 day of Mar, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-91 *, authorizing the marriage of* Michael A. Pierle, II *and* Shannon M. Kellems *. I further certify that the following marriage certificate was filed in my office: I,* Russell Obmann *(name), certify that on* 4-6-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Michael A. Pierle, II *of* Unknown *County* Alabama *(state), and* Shannon M. Kellems *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* 4-6-91 *. Signed by:* /s/ Russell Obmann *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-9-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 95

HENDRICKS County

File

3-22-91
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 Philip Bottino

MALE APPLICANT

Name: First John Middle Timothy Last Evans
Date of Birth: Month 12 Day 9 Year 50
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. 10228 Tacara Dr. City Indpls. County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-6-85
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drs. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Fredrick Evans
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Norma Evelyn Perrine
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Kirkland Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X John T. Evans Date 3/22/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X John T. Evans
New Address Same as above
Subscribed and sworn to before me this 22 day of 3, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Martha Middle Sue Last Hardwick - Lower
Date of Birth: Month 1 Day 6 Year 52
Place of Birth (State or foreign country) OHIO
Residence Address: Street or R.R. 10228 Tacara Dr. City Indpls. County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Scott A. Lower
   Stephen M. Lower
6. (a) Full name of applicant's father Lewis A. Hardwick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Judges Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Alice Marie Autry
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) W. VA.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Martha S Lower Date 3-22-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Martha S Lower
New Address Same
Subscribed and sworn to before me this 22 day of 3, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-91 *, authorizing the marriage of* JOHN TIMOTHY EVANS *and* MARTHA SUE LOWER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 3-22-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN T. EVANS *of* HENDRICKS *County* IN *(state), and* MARTHA S. LOWER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 3-22-91 *. 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* 3-22-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 96

File

3-22-91
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 2-28-91
Name of Physician

MALE APPLICANT

Name: First *Marvin* Middle *Gregory* Last *Rice*
Date of Birth: Month 11 Day 9 Year 64
Place of Birth (State or foreign country) *Indiana*
Residence Address: Street or R.R. *23 Lincoln Ave* City *Brownsburg* County *Hendricks* State *Ind*
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *2*
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☑ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Drivers License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 *Marvin George Rice*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Jane Ellen Hensley*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant *Marvin Gregory Rice* Date *3-22-91*

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed *Marvin Gregory Rice*
New Address
Subscribed and sworn to before me this *22nd* day of *March*, 19 *91*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First *Linda* Middle *Frances* Last *Martin*
Date of Birth: Month 10 Day 28 Year 59
Place of Birth (State or foreign country) *Indiana*
Residence Address: Street or R.R. *23 Lincoln Ave* City *Brownsburg* County *Hendricks* State *Ind.*
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 License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 *Robert Harold Martin*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Marcella Ernestine Trues*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant *Linda Frances Martin* Date *3-22-91*

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed *Linda Frances Martin*
New Address
Subscribed and sworn to before me this *22nd* day of *March*, 19 *91*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 3-22-91 *, authorizing the marriage of* Marvin Gregory Rice *and* Linda 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), at* Indianapolis *in* Marion *County, Indiana,* Marvin Gregory Rice *of* Hendricks *County* Indiana *(state), and* Linda Frances Martin *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* 3-30-91 *. Signed by:* /s/ John Hesseldenz *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-9-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 97

HENDRICKS County

File 3-22-91
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 Eric Clark

MALE APPLICANT

Name: First Michael Middle T Last Campbell

Date of Birth: Month 4 Day 18 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 8 Westview Dr. City Danville County State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayla, Kelsie Christopher Campbell
6. (a) Full name of applicant's father Garylee Campbell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ester Elizabeth Clemmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Florida
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Michael Todd Campbell Date 3-22-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Michael Todd Campbell
New Address SAME

Subscribed and sworn to before me this 22nd day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle L Last Stafford

Date of Birth: Month 9 Day 13 Year 69

Place of Birth (State or foreign country) California

Residence Address: Street or R.R. 8 Westview Dr. City Danville County State IN

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayla, Kelsie Christopher Campbell
6. (a) Full name of applicant's father Eugene Stafford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN.
   (b) Full maiden name of applicant's mother Bonnie Lynn Sanford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) OKat

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Jennifer L Stafford Date 3-22-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Jennifer L Stafford
New Address SAME

Subscribed and sworn to before me this 22nd day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-22-91 *, authorizing the marriage of* Michael T. Campbell *and* Jennifer L. Stafford *. I further certify that the following marriage certificate was filed in my office: I,* P. Michael Thornburg *(name), certify that on* 3-30-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Michael T. Campbell *of* Hendricks *County* Indiana *(state), and* Jennifer L. Stafford *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* 3-30-91 *. Signed by:* /s/ P. Michael Thornburg *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 98

File

3-25-91
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 ☑ Yes ☐
If No, Medical Examination or Report Dated 3-3-91
Name of Physician Mark C. Mills

MALE APPLICANT

Name: First Dennis Middle Todd Last Leazenby
Date of Birth: Month October Day 18 Year 1967
Place of Birth (State or foreign country): Lafayette, Tippecanoe Co, Indiana
Residence Address: 534 Enderly Avenue Apt C Brownsburg In 46112
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Harry W. Leazenby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janie Ann Hutchison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Dennis Todd Leazenby Date 3-25-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Dennis Todd Leazenby
New Address 5 AM E
Subscribed and sworn to before me this 25th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kelli Middle Lynn Last Westfall
Date of Birth: Month August Day 16 Year 1969
Place of Birth (State or foreign country): Vincennes, Knox Co, Indiana
Residence Address: 534 Enderly Avenue, Apt 7, Brownsburg 46112
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Randall Lee Westfall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Louise Rhoades
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Nevada
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Kelli Lynn Westfall Date 3-25-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kelli Lynn Westfall
New Address Same
Subscribed and sworn to before me this 25th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-91, *authorizing the marriage of* Dennis Todd Leazenby *and* Kelli Lynn Westfall. *I further certify that the following marriage certificate was filed in my office: I,* R. Michael Reed *(name), certify that on* 4-7-91 *(date), at* Vincennes *in* Knox *County, Indiana,* Dennis Todd Leazenby *of* Hendricks *County* Indiana *(state), and* Kelli Lynn Westfall *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* 4-7-91. *Signed by:* /s/ R. Michael Reed, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-10-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 99

File

3-25-91
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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Henderson Middle Johnston Last

Date of Birth: Month 10 Day 24 Year 27

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. PO Box 42 City Pitts County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8-14-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Luther Johnston
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Alice Pingleton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Henderson Johnston Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Henderson Johnston

New Address

Subscribed and sworn to before me this 25 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Gloria Middle A. Last Nunley

Date of Birth: Month 10 Day 3 Year 35

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5321 Stanley Rd. City Indpls. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8-4-84

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Kenneth Cooper
   (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 Dessie Bernice Elder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, Ind.
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Gloria Ann Nunley Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Gloria Ann Nunley

New Address

Subscribed and sworn to before me this 25 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-25-91 *, authorizing the marriage of* HENDERSON JOHNSTON *and* GLORIA A. NUNLEY *. I further certify that the following marriage certificate was filed in my office: I,* Don C. Truex *(name), certify that on* 4-28-91 *(date), at* PLAINFIELD *in* Hendricks *County, Indiana,* HENDERSON JOHNSTON *of* HENDRICKS *County* INDIANA *(state), and* GLORIA A. NUNLEY *of* MARION *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-28-91 *. Signed by:* /s/ Don C. Truex *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-22-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 100

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 ☒
If No, Medical Examination or Report Dated
Name of Physician Stagmaier

MALE APPLICANT

Name: First David Middle Allen Last Woods

Date of Birth: Month 12 Day 6 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 123 Old Town Rd. City Danville County State

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) Mr. Licuse

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Bobby Dean Woods
   (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 Maryann Dossett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x David A. Woods Date 3/27/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x David A. Woods

New Address

Subscribed and sworn to before me this 27 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jerilyn Middle Renea Last Salyers

Date of Birth: Month 3 Day 2 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 19 S Rd. 200 E City Danville County State IN

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) Dr. Lyle.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Leland Joe Salyers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Joyce Ann Whitlock
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Joyce
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Jerilyn R Salyers Date 3-27-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Jerilyn R. Salyers

New Address

Subscribed and sworn to before me this 27 day of 3, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3/27/91 *, authorizing the marriage of* David A. Woods *and* Jerilyn R. Salyers *. I further certify that the following marriage certificate was filed in my office: I,* Andrew J. Simkins *(name), certify that on* 4-6-91 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ David A. Woods *of* Hendricks *County* Indiana *(state), and* _____ Jerilyn R. Salyers *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* 4-6-91 *. Signed by:* /s/ Andrew J. Simkins *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-10-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 101

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 3-4-91
Name of Physician

MALE APPLICANT

Name: First MARK Middle ALAN Last MILLER

Date of Birth: Month 12 Day 17 Year 63

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 928 Hunter Dr. City Plainfield County Hendricks State IN.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nikki Lynn Miller

6. (a) Full name of applicant's father Gerald Lee Miller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Helen Domain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mark Miller Date 3-27-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mark Miller

New Address _____

Subscribed and sworn to before me this 27th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First SANDRA Middle KAY Last CUMMINGS

Date of Birth: Month 5 Day 30 Year 61

Place of Birth (State or foreign country) TENNESSEE

Residence Address: Street or R.R. SAME City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers'License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nicole Renee Cummings
   Holly Lynn Cummings

6. (a) Full name of applicant's father James Herbert Riley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Dorothy Jean Snow
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Sandra K. Cummings Date 3-27-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Sandra K. Cummings

New Address _____

Subscribed and sworn to before me this 27th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-27-91, *authorizing the marriage of* Mark Alan Miller *and* Sandra Kay Cummings. *I further certify that the following marriage certificate was filed in my office: I,* Janice S. Chilewski *(name), certify that on* 3-27-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Mark A. Miller *of* Hendricks *County* Indiana *(state), and* Sandra K. Cummings *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* 3-27-91. *Signed by:* /s/ Janice S. Chilewski, Chief Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 102

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated 3-5-91
Name of Physician Wallace

MALE APPLICANT

Name: First William Middle Edward Last Phelps Jr.
Date of Birth: Month Jan Day 31 Year 1968
Place of Birth (State or foreign country): In.
Residence Address: Street or R.R. Same City County State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Wm E Phelps, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Martha Floyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X William E Phelps Jr. Date 3-27-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X William E Phelps Jr.
New Address 4655 Lynnfield Rd 46254
Subscribed and sworn to before me this 27 day of Mar, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Kaye Last Whitaker
Date of Birth: Month July Day 2 Year 1969
Place of Birth (State or foreign country): Ind.
Residence Address: Street or R.R. Rt 1 Box 246A1 City Pittsboro County In State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jr. Whitaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Peggy Merplus
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Melissa K Whitaker Date 3-27-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Melissa K Whitaker
New Address 4655 Lynnfield Rd 46254
Subscribed and sworn to before me this 27 day of Mar, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-27-91 *, authorizing the marriage of* WILLIAM E. PHELPS, JR. *and* MELISSA K. WHITAKER *. I further certify that the following marriage certificate was filed in my office: I,* DAVE KOVALOW-ST. JOHN *(name), certify that on* 4-13-91 *(date), at* 6:30 p.m. *in* HENDRICKS *County, Indiana,* WILLIAM E. PHELPS, JR. *of* HENDRICKS *County* IN *(state), and* MELISSA K. WHITAKER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-13-91 *. Signed by:* /s/ DAVE KOVALOW-ST. JOHN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 103

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Mark Moore

MALE APPLICANT

Name: First William Middle L Last Riggs II

Date of Birth: Month 5 Day 20 Year 67

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 530 Enderly Apt 1 City Brownsburg County State IN

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 License Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 William Lee Riggs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Virginia
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Kathy Sue Ingram
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

X Signature of Applicant William L. Riggs II Date 3-27-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed William L. Riggs II

New Address SAME AS ABOVE

Subscribed and sworn to before me this 27th day of March, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle L Last Frick (Bridges)

Date of Birth: Month 2 Day 16 Year 70

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 111 E Main St. City Brownsburg County State IN 46112

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Robert William Frick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lorri Lynn Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

X Signature of Applicant Amy L. Bridges Date 3/28/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Amy L. Bridges

New Address SAME

Subscribed and sworn to before me this 27th day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-27-91 *, authorizing the marriage of* William L. Riggs II *and* Amy L. Frick Bridges *. I further certify that the following marriage certificate was filed in my office: I,* Harold L. Leininger *(name), certify that on* 4-13-91 *(date), at* Calvary United Methodist *in* Hendricks *County, Indiana,* _____ *William Lee Riggs of* Hendricks *County* Indiana *(state), and* _____ *Amy L. Frick Bridges 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* 4-13-91 *. Signed by:* /s/ Harold L. Leininger *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-17-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 104

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 ☐
If No, Medical Examination or Report Dated
Name of Physician D. Dramwell

MALE APPLICANT

Name: First Donald Middle L. Last Jones

Date of Birth: Month 9 Day 20 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 839C Pinewood Dr. City Plfd. County State

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father William C. Jones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Linda J. Knoll
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Donald E Jones Date 3-27-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Donald E Jones

New Address _____

Subscribed and sworn to before me this 27 day of 3, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Kristin Middle Lynn Last Williams

Date of Birth: Month 2 Day 27 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2207 Moon Rd. City Plfd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 John A. Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Dianna K. Shepherd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Kristin L. Williams Date 3-27-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Kristin Williams

New Address _____

Subscribed and sworn to before me this 27 day of 3, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-27-91 *, authorizing the marriage of* Donald E. Jones *and* Kristin Lynn Williams *. I further certify that the following marriage certificate was filed in my office: I,* William A. Headley *(name), certify that on* 3-28-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Donald E. Jones *of* Hendricks *County* Indiana *(state), and* Kristin Lynn Williams *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* 3-27-91 *. Signed by:* /s/ William A. Headley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 105

File

3-28-91
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 3-28-91
Name of Physician M. Deeley

MALE APPLICANT

Name: First Gregory Middle Lance Last Winters
Date of Birth: Month 5 Day 18 Year 49
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Box 88, City Pittsboro, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Lisa Michelle Winters
6. (a) Full name of applicant's father George Maynard Winters
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Magdalena Irwin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Gregory L Winters Date 3-28-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Gregory L Winters
New Address _____
Subscribed and sworn to before me this 28th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle Dee Last Winters
Date of Birth: Month 4 Day 16 Year 54
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Box 88, City Pittsboro, County Hendricks, State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Lisa Michelle Winters
6. (a) Full name of applicant's father Macey James Dale
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arizona
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita Allen Crabtree
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arizona
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debra D Winters Date 3-28-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Debra D. Winters
New Address _____
Subscribed and sworn to before me this 28th day of March, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-28-91 *, authorizing the marriage of* Gregory Lance Winters *and* Debra Dee Winters *. I further certify that the following marriage certificate was filed in my office: I,* David H. Coleman *(name), certify that on* 3-28-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Gregory L. Winters *of* Hendricks *County* Indiana *(state), and* Debra D. Winters *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* 3-28-91 *. Signed by:* /s/ David H. Coleman *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 106

HENDRICKS County

File

3-28-91
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 3-15-91
Name of Physician

MALE APPLICANT

Name: First DeWayne Middle Floyd Last Wildman

Date of Birth: Month 6 Day 15 Year 55

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR2 Box 265, City Clayton, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Norman Dewayne Wildman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Allen Blake
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Dewayne F. Wildman Date 3-28-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Dewayne F. Wildman

New Address

Subscribed and sworn to before me this 28 day of 3, 19 91

Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle Marie Last Lambert

Date of Birth: Month 9 Day 3 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR2 Box 265, City Clayton, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Lisa Marie Lambert
   Laura Jax Lambert

6. (a) Full name of applicant's father William Eugene Helms
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jay June Colvin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tina M Lambert Date 3-28-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tina M Lambert

New Address

Subscribed and sworn to before me this 28 day of 3, 19 91

Lonnie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 3-28-91 *, authorizing the marriage of* DEWAYNE FLOYD WILDMAN *and* TINA MARIE LAMBERT *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 3-28-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* DEWAYNE F. WILDMAN *of* HENDRICKS *County* IN *(state), and* TINA M. LAMBERT *of* HENDRICKS *County* IN *(state) were 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 *. 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* 3-28-91 *(date).*

Signed _____ *Clerk*

HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 107

File

4-1-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Helen Czenkusch

MALE APPLICANT

Name: First Kenneth Middle James Last Williams
Date of Birth: Month 8 Day 19 Year 66
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. RT Box 66 City Lizton County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you 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 James Lawrence Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Ann Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kenny Williams Date 4-1-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kenny Williams
New Address _____
Subscribed and sworn to before me this 1st day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Christine Middle Marie Last France
Date of Birth: Month 8 Day 20 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. RT Box 66 City Lizton County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Mark Wayne France
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Roberta Joan Murphy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Kristine M. France Date 4-1-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Kristine M. France
New Address _____
Subscribed and sworn to before me this 1st day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-91 *, authorizing the marriage of* Kenneth James Williams *and* Christine Marie France *. I further certify that the following marriage certificate was filed in my office: I,* Charles Sean Chesebrough *(name), certify that on* 4-6-91 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Kenneth James Williams *of* Hendricks *County* Indiana *(state), and* _____ Christine Marie France *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* 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*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 108

HENDRICKS County

File

4-1-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Michael Healey

MALE APPLICANT

Name: First Matthew Middle John Last Healey

Date of Birth: Month Apr Day 15 Year 1966

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. Same City County State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Michelle Healey
6. (a) Full name of applicant's father Paul Healey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hazlewood, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Patricia Nation
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Matthew John Healey Date 04-5-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Matthew John Healey
New Address SAME

Subscribed and sworn to before me this 5th day of April, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Katherine Middle J. Last Boyd

Date of Birth: Month Nov Day 11 Year 1964

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. RR 2 Box 277 City Clayton County In. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1984

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children Michael Boyd, Michelle Healey
6. (a) Full name of applicant's father Charles Catt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hazlewood, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Marian Ravellette
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Hazlewood In.
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Katherine Jane Boyd Date 4-1-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Katherine Jane Boyd
New Address RR#2 Box 277 Clayton

Subscribed and sworn to before me this 1st day of Apr, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-5-91 *, authorizing the marriage of* MATTHEW J. HEALEY *and* KATHERINE J. BOYD *. I further certify that the following marriage certificate was filed in my office: I,* STEVAN W. RANSON *(name), certify that on* 4-6-91 *(date), at* CLAYTON *in* HENDRICKS *County, Indiana,* MATTHEW J. HEALEY *of* HENDRICKS *County* IN *(state), and* KATHERINE J. BODY *of* HENDRICKS *County* IN *(state) were 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/ STEVAN W. RANSON *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 109

File

4-1-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Helen Engelbrecht MD

MALE APPLICANT

Name: First Jeffrey Middle M. Last Ray

Date of Birth: Month 9 Day 6 Year 65

Place of Birth (State or foreign country) OH

Residence Address: Street or R.R. 4615 Avon Rd. City Plfd. County State

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) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Dorman Allen Ray
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Van Wert, OH
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Kay Lynn Pottenger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Saye
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Jeffrey M. Ray Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Jeffrey M Ray
New Address

Subscribed and sworn to before me this day of , 19

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

Father ID #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Stacy Middle Jayne Last Acton

Date of Birth: Month 5 Day 22 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 606 Hillcrest Dr. City Plfd. County State

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) Voters Reg. #209956

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Virgil Lloyd Acton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Avon, IN
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Martha Jayne Mccarty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Saye
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✕ Stacy Jayne Acton Date 4-1-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✕ Stacy Jayne Acton
New Address

Subscribed and sworn to before me this day of , 19

Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of *HENDRICKS*) ss:

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-1-91 *, authorizing the marriage of* JEFFREY M. RAY *and* STACY J. ACTON *. 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* HENDRICKS *County, Indiana,* JEFFREY M. RAY *of* HENDRICKS *County* IN *(state), and* STACY J. ACTON *of* HENDRICKS *County* IN *(state) were 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 CALDWELL *,* SENIOR PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-91 *(date).*

Signed Connie Jarvis *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 110

File

4-2-91
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 Michael Apeley

MALE APPLICANT

Name: First Mike | Middle Lee | Last Swanson

Date of Birth: Month 8 | Day 14 | Year 68

Place of Birth (State or foreign country) Ohio

Residence Address: Street or R.R. R.R. 1 Box 92 | City Clayton | County | State IN

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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Edward Donald Swanson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville, IN
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Shirley Marie Monigold
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Mike Lee Swanson Date 4/2/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Mike Lee Swanson
New Address RR 1 Box 92 Clayton
Subscribed and sworn to before me this 2 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer | Middle Lynn | Last Upton

Date of Birth: Month 3 | Day 22 | Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. P.O. Box 416 | City Monrovia | County | State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 David L. Upton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Monrovia, In.
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Donna Rae McClellan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jennifer Lynn Upton Date 4-2-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jennifer Lynn Upton
New Address R.R. Box 92 Clayton
Subscribed and sworn to before me this 2 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-2-91 *, authorizing the marriage of* MIKE L. SWANSON *and* JENNIFER 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 *(date), at* MONROVIA *in* MORGAN *County, Indiana,* MIKE L. SWANSON *of* HENDRICKS *County* IN *(state), and* JENNIFER L. UPTON *of* MORGAN *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-13-91 *. Signed by:* /s/ PHILIP D. BRENNEMAN *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-16-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 111

HENDRICKS County

File

4-3-91
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
Name of Physician John Anderson

MALE APPLICANT

Name: First Ronald Middle Allen Last Lowe

Date of Birth: Month 9 Day 20 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Same City County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Morris Ronald Lowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Martha Belle Hooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ronald A Lowe Date 4-3-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Ronald A Lowe

New Address _____

Subscribed and sworn to before me this 3rd day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christine Middle Ellen Last Powell

Date of Birth: Month 11 Day 3 Year 71

Place of Birth (State or foreign country) New York

Residence Address: Street or R.R. 6835 N 550E City Brownsburg County Hendricks State IN

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 David Newell Powell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) PA.
   (b) Full maiden name of applicant's mother Virginia Louise McTaggart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville, IN
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Christine E. Powell Date 4.3.91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Christine E. Powell

New Address _____

Subscribed and sworn to before me this 3rd day of March, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-3-91 *, authorizing the marriage of* Ronald Allen Lowe *and* Christine Ellen Powell *. I further certify that the following marriage certificate was filed in my office: I,* Carl R. Prokop, Jr. *(name), certify that on* 4-6-91 *(date), at* 2 o'clock pm *in* Hendricks *County, Indiana,* Ronald Allen Lowe *of* Hendricks *County* Indiana *(state), and* Christine Ellen Powell *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* 4-3-91 *. Signed by:* /s/ Carl R. Prokop, Jr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 112

File

4-5-91
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 Oscar Kouramy

MALE APPLICANT

Name: First W. Middle Michael Last Morey
Date of Birth: Month 6 Day 16 Year 54
Place of Birth (State or foreign country): IL
Residence Address: Street or R.R. 28 Oakridge Dr. City Mooresville County Hendricks State In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Divers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 David R. Morey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Peoria, Ill
   Birthplace of father (State or foreign country) New York
   (b) Full maiden name of applicant's mother Ellie Winther
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Peoria, IL
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X W. Michael Morey Date 4-5-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X W. Michael Morey
New Address
Subscribed and sworn to before me this 5th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Shari Middle L. Last Marcum
Date of Birth: Month 12 Day 4 Year 61
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 28 Oakridge Dr. City Mooresville County State In. 46158
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Divers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Thomas Briggle
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mooresville, IN
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Kathleen O'Grady
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mooresville, IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Shari L. Marcum Date 4/5/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Shari L. Marcum
New Address
Subscribed and sworn to before me this 5th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-5-91 *, authorizing the marriage of* W. Michael Morey *and* Shari Lynn Marcum *. 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), at* Indianapolis *in* Marion *County, Indiana,* W. Michael Morey *of* Hendricks *County* Indiana *(state), and* Shari Lynn Marcum *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* 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*

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

HENDRICKS County

No. 113

File

4-5-91
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 Immediate Care Center

MALE APPLICANT

Name: First Craig Middle M. Last Horn

Date of Birth: Month 10 Day 25 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 705 Prairie Dr. City Brownsburg County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Willis Dean Horn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rhelda ann Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Craig Horn Date 4-5-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Craig Horn

New Address _____

Subscribed and sworn to before me this 5th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Sharol Middle A. Last Henninger

Date of Birth: Month 7 Day 30 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 8171 Aragon Woods Dr. City Indpls County Marion State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Max alvin Todd
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Green Castle, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sue Ann Merchant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sharol Henninger Date 4-5-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Sharol Henninger

New Address Same as above

Subscribed and sworn to before me this 5th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-5-91 *, authorizing the marriage of* Craig M. Horn *and* Sharol A. Henninger *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 4-5-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Craig M. Horn *of* Hendricks *County* Indiana *(state), and* Sharol A. Henninger *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* 4-5-91 *. Signed by:* /s/ Cynthia J. Spence *,* Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-5-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 114

File

4-5-91
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 Dr. Kathleen Oldham, M.D.

MALE APPLICANT

Name: First Kelly, Middle J., Last Weidner
Date of Birth: Month 9, Day 25, Year 61
Place of Birth (State or foreign country): Utah
Residence Address: Street or R.R. 1296 Morton St., City Noblesville, County Hamilton, State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Harley Alan Weidner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Salt Lake City, Utah
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Doris Jean Sturdivant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) West. Laf., IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kelly J. Weidner Date 4-5-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kelly J. Weidner
New Address 1296 Morton St. Noblesville
Subscribed and sworn to before me this 5th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Karen, Middle L., Last Hedge
Date of Birth: Month 6, Day 13, Year 66
Place of Birth (State or foreign country): IN
Residence Address: Street or R.R. 643 Poplar St., City Pfld., County Hendricks, State IN
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Bert Alford Hedge
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfld. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Wanda Jean Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pfld. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Karen L. Hedge Date 4-5-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Karen L. Hedge
New Address _____
Subscribed and sworn to before me this 5th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-5-91 *, authorizing the marriage of* Kelly J. Weidner *and* Karen L. Hedge *. I further certify that the following marriage certificate was filed in my office: I,* George Plasterer *(name), certify that on* 4-27-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Kelly Jay Weidner *of* Hamilton *County* Indiana *(state), and* Karen Lorraine Hedge *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* 4-27-91 *. Signed by:* /s/ George Plasterer *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 115

File 4-8-91

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 Donna Koran

MALE APPLICANT

Name: First Dale Middle J Last Taylor

Date of Birth: Month 3 Day 22 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. P.O. Box 272 City 135N Penn County Clayton State IN.

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Gilbert F. Taylor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA (Deceased)
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Barbara A. Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Dale J Taylor Date 4-8-91

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Dale J Taylor
New Address

Subscribed and sworn to before me this 8th day of April, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle M Last Bias

Date of Birth: Month 6 Day 28 Year 69

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. 5120 Emerson Vill City Dr206 County Indpls State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Larry R. Bias
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Solcha Ho
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Amy M Bias Date 4-8-91

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Amy M Bias
New Address

Subscribed and sworn to before me this 8th day of April, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-91 *, authorizing the marriage of* Dale J. Taylor *and* Amy M. Bias *. I further certify that the following marriage certificate was filed in my office: I,* John F. Strifler *(name), certify that on* 4-20-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Dale J. Taylor *of* Hendricks *County* Indiana *(state), and* Amy M. Bias *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1116

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 John Middle Michael Last Bartram

Date of Birth: Month 3 Day 14 Year 61

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 419 Pinewood Dr. Apt D City Plainfield County Hendricks State Ind

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Robert Henry Bartram
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Cheryl Marlene Hess
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John M. Bartram Date 4-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed John M. Bartram

New Address

Subscribed and sworn to before me this 8th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Connie Middle Ann Last Meunier

Date of Birth: Month 1 Day 17 Year 68

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 547 W Southport Rd. City Naples County Marion State Ind

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Courtney Ann Meunier
6. (a) Full name of applicant's father James Fillmore Graham
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Mildred Foller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Connie A. Meunier Date 4-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Connie A. Meunier

New Address

Subscribed and sworn to before me this 8th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-91 *, authorizing the marriage of* JOHN M. BARTRAM *and* CONNIE A. MEUNIER *. I further certify that the following marriage certificate was filed in my office: I,* S. CRESTON ECKART *(name), certify that on* 4-11-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JOHN M. BARTRAM *of* HENDRICKS *County* IN *(state), and* CONNIE A. MEUNIER *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-8-91 *. Signed by:* /s/ S. CRESTON ECKART *,* ELDER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 117

File

4-8-91
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

Name: First Christopher Middle John Last Klosinski

Date of Birth: Month 11 Day 26 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 676 Dr. S City Nineveh County Brown Co. State IN

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Michael H. Klosinski
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Nineveh IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Phyllis J. Insley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Christopher Klosinski Date 4-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Chris Klosinski

New Address _____

Subscribed and sworn to before me this 8 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Jane Last Hommel

Date of Birth: Month 9 Day 24 Year 73

Place of Birth (State or foreign country) Franklin IN

Residence Address: Street or R.R. 1005 E. Edgewood Dr. City B'burg. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Joseph D. Hommel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN - Franklin
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Melinda J. Thomas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Melissa J. Hommel Date 4-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Melissa J Hommel

New Address _____

Subscribed and sworn to before me this 8 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother x Melinda J. Thomas ID # _____

Subscribed and sworn to before me this 8 day of April, 19 91

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-8-91 *, authorizing the marriage of* CHRISTOPHER J. KLOSINSKI *and* MELISSA J. HOMMEL *. I further certify that the following marriage certificate was filed in my office: I,* JAILYNN DORSEY *(name), certify that on* 4-9-91 *(date), at* FRANKLIN *in* JOHNSON *County, Indiana,* CHRISTOPHER J. KLOSINSKI *of* BROWN *County* IN *(state), and* MELISSA J. HOMMEL *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-9-91 *. Signed by:* /s/ JAILYNN DORSEY *,* CHIEF DEPUTY *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 118

File

4-9-91
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 Robert Howell

MALE APPLICANT

Name: First Terry Middle A Last Judy

Date of Birth: Month 10 Day 31 Year 66

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 296 Heritage Dr. City Danville County State IN 46122

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 William Gene Yorger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Kathy Boembke
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Terry A. Judy Date 4-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Terry A. Judy

New Address _____

Subscribed and sworn to before me this 9th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tammy Middle L Last Yorger

Date of Birth: Month 1 Day 15 Year 69

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 214 S Rd 300E City Danville County State IN 46122

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Richard Clinton Judy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Barbara JoAnn Steele
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Tammy L. Yorger Date 4-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Tammy L. Yorger

New Address 2920 Heritage DR. Danville, IN. 46122

Subscribed and sworn to before me this 9th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-91 *, authorizing the marriage of* Terry Alex Judy *and* Tamatha Lynn Yorger *. I further certify that the following marriage certificate was filed in my office: I,* Harold L. Leininger *(name), certify that on* 5-4-91 *(date), at* 6:30 PM *in* Hendricks *County, Indiana,* Terry Alex Judy *of* Hendricks *County* Indiana *(state), and* Tamatha Lynn Yorger *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* 5-4-91 *. Signed by:* /s/ Harold L. Leininger II *,* Senior Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 119

HENDRICKS County

File

4-9-91
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 Stephen Hoagland

MALE APPLICANT

Name: First Stewart Middle B. Last Berg

Date of Birth: Month 6 Day 4 Year 69

Place of Birth (State or foreign country) IN

Residence Address: 1578 S. 250 W. Street or R.R. Danville City IN County State

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Harlan Berg
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sharon Kay Bowman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Stewart B Berg Date 4-9-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Stewart B Berg
New Address 802 Tucker St. Plainfield
Subscribed and sworn to before me this 9 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kandice Middle B. Last Ford

Date of Birth: Month 3 Day 29 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 250 N. East St. Street or R.R. Plfd City 123 County State

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Kenneth Ford Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Vera May Bramble
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Kandice B. Ford Date 4-9-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Kandice B. Ford
New Address 802 Tucker St. Plainfield 46168
Subscribed and sworn to before me this 9 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-9-91 *, authorizing the marriage of* Stewart B. Berg *and* Kandice B. Ford *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Donald R. Lynn *(name), certify that on* 4-13-91 *(date), at* 4:30pm Speedway *in* Marion *County, Indiana,* Stewart B. Berg *of* Hendricks *County* Indiana *(state), and* Kandice B. Ford *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* 4-13-91 *. Signed by:* /s/ Rev. Donald R. Lynn *,* 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*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 120

HENDRICKS County

File

April 10, 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 Charles Tripple

MALE APPLICANT

Name: First Steven Middle Edward Last Miles
Date of Birth: Month July Day 13 Year 1960
Place of Birth (State or foreign country) Greencastle Putnam In.
Residence Address: Street or R.R. 2140 Waterford Place Apt. F City Indpls. County State In. 46260
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 license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Robert Clay Miles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bainbridge, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Vera Mae Bloyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bainbridge, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Steven E. Miles 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Steven E. Miles
New Address 433 Harding St, Plfd., IN 46168
Subscribed and sworn to before me this 10th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Gregory
Date of Birth: Month Feb. Day 10 Year 1967
Place of Birth (State or foreign country) Indpls. In.
Residence Address: Street or R.R. 433 Harding St. City Plfd. County Hend. State In.
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 license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Amanda Lee Gregory
   Marguerite Adele "
6. (a) Full name of applicant's father John Joseph Markey
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Ann Cain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Patricia A. Gregory 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Patricia A. Gregory
New Address 433 Harding St. Plfd. IN
Subscribed and sworn to before me this 10th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4/10/91 *, authorizing the marriage of* Steven Edward Miles *and* Patricia Ann Gregory *. I further certify that the following marriage certificate was filed in my office: I,* Charles Elston *(name), certify that on* 4-27-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Steven Edward Miles *of* Marion *County* Indiana *(state), and* Patricia Ann Gregory *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* 4-27-91, *Signed by:* /s/ Charles Elston, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 121

File

April 10, 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 M. Rebecca Haak

MALE APPLICANT

Name: First David Middle Ray Last Limeberry

Date of Birth: Month Feb. Day 19 Year 1963

Place of Birth (State or foreign country): Indpls Marion In.

Residence Address: 313 Street or R.R. N. Addison City Indpls County Marion State In.

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 license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Paul Alford Limeberry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Spencer In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Naomi Irene Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. In.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant David R. Limeberry 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed David R. Limeberry
New Address 313 N. Addison Indpls

Subscribed and sworn to before me this 10th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Renee' Last Milbrath

Date of Birth: Month June Day 19 Year 1971

Place of Birth (State or foreign country): Hend. Co. In.

Residence Address: 715 W. Street or R.R. Main City Pitt. County Hend. State In.

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 license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Jack Ralph Milbrath
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. In.
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Sherlie Richardson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield In.
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer R. Milbrath 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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer R. Milbrath
New Address 313 N Addison Indpls

Subscribed and sworn to before me this 10th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4/10/91, *authorizing the marriage of* David Ray Limeberry *and* Jennifer Renee' Milbrath. *I further certify that the following marriage certificate was filed in my office: I,* David H. Coleman *(name), certify that on* 4-10-91 *(date), at* Danville *in* Hendricks *County, Indiana,* David Ray Limeberry *of* Marion *County* Indiana *(state), and* Jennifer Renee' Milbrath *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-10-91. *Signed by:* /s/ David H. Coleman, Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 122

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated
Name of Physician L. Smith

MALE APPLICANT

Name: First Timothy Middle Russell Last Colon

Date of Birth: Month 3 Day 21 Year 70

Place of Birth (State or foreign country): Danville In.

Residence Address: Street or R.R. 454 Pickett St City Plfd County Hendricks State In.

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) Dr Slr.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Marvin Russell Colon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Ruth Eileen Long
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd In.
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Timothy R Colon 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Timothy R Colon
New Address 454 Pickett St Plainfield IN
Subscribed and sworn to before me this 10 day of apl, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Debora Middle J. Last McGary

Date of Birth: Month 1 Day 2 Year 70

Place of Birth (State or foreign country): Indpls Ind.

Residence Address: Street or R.R. 454 Pickett St City plfd County Hendricks State In

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you 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 Roy Lewis McGary
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Loretta Jean Peyton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd In
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Debora J. McGary 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Debora J. McGary
New Address 454 Pickett St. Plfd., IN 46168
Subscribed and sworn to before me this 10 day of apl, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-10-91 *, authorizing the marriage of* TIMOTHY RUSSELL COLON *and* DEBRA J. McGARY *. I further certify that the following marriage certificate was filed in my office: I,* DARRELL W. COX *(name), certify that on* 5-11-91 *(date), at* MAPLE GROVE BAPTIST CHURCH *in* HENDRICKS *County, Indiana,* TIMOTHY RUSSELL COLON *of* HENDRICKS *County* INDIANA *(state), and* DEBORA J. McGARY *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* 4-11-91 *. Signed by:* /s/ DARRELL W. COX *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 123

HENDRICKS 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 ☐
If No, Medical Examination or Report Dated
Name of Physician Stephen Hleagh

MALE APPLICANT

Name: First Ronald Middle Neal Last Hamilton Jr.
Date of Birth: Month 4 Day 12 Year 63
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Same City County State
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) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amber Gorman
   Ashley Hamilton
6. (a) Full name of applicant's father Ronald Neal Hamilton Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Virgie Josephine Platt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pitts. IN
   Birthplace of mother (State or foreign country) KY.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ronald N Hamilton JR. 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ronald N Hamilton JR.
New Address
Subscribed and sworn to before me this 10 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Elaine Last Gorman
Date of Birth: Month 2 Day 18 Year 45
Place of Birth (State or foreign country) CA.
Residence Address: Street or R.R. 11335 W. Wash. St. City Box 58 County Indpls. State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father James Joseph Norman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) CA IN
   (b) Full maiden name of applicant's mother Betty Virginia Wilkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Janet E. Gorman 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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Janet E. Gorman
New Address
Subscribed and sworn to before me this 10 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-10-91 *, authorizing the marriage of* Ronald N. Hamilton, Jr. *and* Janet E. Gorman *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 4-10-91 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Ronald N. Hamilton, Jr. *of* Hendricks *County* Indiana *(state), and* _____ Janet E. Gorman *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* 4-10-91 *. Signed by:* /s/ Cynthia J. Spence *,* First Deputy Clerk *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 124

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 Warren Macy

MALE APPLICANT

Name: First Jody Middle Erwin Last McDonald
Date of Birth: Month 2 Day 28 Year 68
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 204 S. Nebraska PO Box 156 City North Salem County Hendricks State Ind
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Kenneth McDonald
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Bonnie Marie Thompson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jody Erwin McDonald Date 4-11-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jody Erwin McDonald
New Address 5342 E. Main apt 5 Danville Ind.

Subscribed and sworn to before me this 11th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Kay Last Poynter
Date of Birth: Month 5 Day 12 Year 67
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 5342 E. Main Apt 5 City Danville County Hendricks State Ind
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Harvey Poynter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wanda Jean Sibka
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Janet Kay Poynter Date 4-11-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Janet Kay Poynter
New Address

Subscribed and sworn to before me this 11th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-11-91 *, 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 *(name), certify that on* 4-27-91 *(date), at* North Salem *in* Hendricks *County, Indiana,* _____ Jody Erwin McDonald *of* Hendricks *County* Indiana *(state), and* _____ Janet Kay Poynter *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* 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 125

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 ☐ 4-3-91
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Keith Middle Peter Last Gutreuter
Date of Birth: Month 7 Day 31 Year 47
Place of Birth (State or foreign country) Georgia
Residence Address: Street or R.R. 3590 Woodfront Ct. City Naples County Marion State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Keith Peter Gutreuter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kansas
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Sally Joan Bold
   (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 Brian K Gutreuter Date 4-12-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Brian K Gutreuter
New Address
Subscribed and sworn to before me this day of , 19
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
Father ID #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Deanna Middle Joan Last Robbins
Date of Birth: Month 11 Day 5 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1527 Hadley Ld City Plainfield County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Wayne Robbins Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joan Darlene Lucas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 4-12-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed
New Address
Subscribed and sworn to before me this day of , 19
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-91 *, authorizing the marriage of* Brian K Gutreuter *and* Deanna J. Robbins *. I further certify that the following marriage certificate was filed in my office: I,* James W. Hartley *(name), certify that on* 4-20-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Brian K Gutreuter *of* Marion *County* Indiana *(state), and* Deanna J. Robbins *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* 4-20-91 *. Signed by:* /s/ James W. Hartley *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-23-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 126

HENDRICKS County

File

4-12-91
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 Rebecca Nash

MALE APPLICANT

Name: First Thomas Middle Dwayne Last Lough

Date of Birth: Month 11 Day 10 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box 63 City Cloverdale County State IN

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Same →

6. (a) Full name of applicant's father Thomas Marvin Lough
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Boulder Co
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patricia Kay Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Avon IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Thomas D Lough Date 4/12/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Thomas D Lough

New Address Same as above

Subscribed and sworn to before me this 12 day of 4, 19 91

Connie Johnson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Dawn Last Boller

Date of Birth: Month 9 Day 13 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 324 N. Pearl St. City Avon County State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kayla Dawn Lough

6. (a) Full name of applicant's father William Lee Boller
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Karen Sue Trent
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Karen D. Boller Date 4/12/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Karen D. Boller

New Address _____

Subscribed and sworn to before me this 12 day of 4, 19 91

Connie Johnson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-12-91 *, authorizing the marriage of* THOMAS DUWAYNE LOUGH *and* KAREN DAWN BOLLER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 4-12-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* THOMAS D. LOUGH *of* PUTNAM *County* IN *(state), and* KAREN D. BOLLER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-12-91 *. 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* 4-12-91 *(date).*

Signed Connie Johnson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 127

File

4-15-91
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 4-1-91
Name of Physician Dr Thompson

MALE APPLICANT

Name: First Joseph Middle Merle Last Cross
Date of Birth: Month Dec Day 30 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5915 7901E, City Greensburg, County Hendricks, State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 B Cross
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Rita Odelia Kavander
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Joseph M. Cross Date 4/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
X Signed Joseph M. Cross
New Address 1837 Cholla Ct. Apt B Indpls, IN 46240
Subscribed and sworn to before me this 16 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Ann Last Chambers
Date of Birth: Month June Day 25 Year 1960
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1837 Cholla Ct Apt B, City Indpls, County Marion, State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Erwin Rawson Chambers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Connecticutt
   Birthplace of father (State or foreign country) Connecticutt
   (b) Full maiden name of applicant's mother Vera Lynn Snyder
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Julie A. Chambers Date 4/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Julie A. Chambers
New Address same
Subscribed and sworn to before me this 15 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-91 *, authorizing the marriage of* Joseph M. Cross *and* Julie Ann Chambers *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Daniel B. Donotter *(name), certify that on* 4-27-91 *(date), at* Brownsburg *in* Indiana *County, Indiana,* Joseph M. Cross *of* Hendricks *County* Indiana *(state), and* Julie Ann Chambers *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-27-91 *. Signed by:* /s/ Rev. Daniel B. Donotter *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 128

HENDRICKS County

File

4-15-91
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 ☐ 3-8-91
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Jeffrey Middle Eric Last Tilley

Date of Birth: Month 10 Day 7 Year 63

Place of Birth (State or foreign country) Texas

Residence Address: Street or R.R. 815A Fairmead Rd. City Plainfield County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Ashley Marie Tilley
   Jessica Brooke Tilley
6. (a) Full name of applicant's father Max Eugene Tilley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marcia Kay Overly
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jeffrey E. Tilley Date 4-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jeffrey E. Tilley

New Address

Subscribed and sworn to before me this 15th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Kay Last Ruddick

Date of Birth: Month 3 Day 2 Year 60

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 815A Fairmead Rd. City Plainfield County Hendricks State Indiana

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 James Avery Ruddick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Louise Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Linda Ruddick Date 4-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Linda Ruddick

New Address

Subscribed and sworn to before me this 15th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-15-91 *, authorizing the marriage of* Jeffrey Eric Tilley *and* Linda Kay Ruddick *. I further certify that the following marriage certificate was filed in my office: I,* Stephen White *(name), certify that on* 5-4-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Jeffrey Eric Tilley *of* Hendricks *County* Indiana *(state), and* _____ Linda Kay Ruddick *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* 5-4-91 *. Signed by:* /s/ Stephen White *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 129

File

4-16-91
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 4-9-91
Name of Physician Dr Courtney

MALE APPLICANT

Name: First James Middle Frederick Last Mier
Date of Birth: Month August Day 17 Year 1944
Place of Birth (State or foreign country) Indiana
Residence Address 329 Odell St Street or R.R. City Brownsburg County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Frederick William Mier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lillian Beatrice Baughman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James Frederick Mier Date April 16/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James Frederick Mier
New Address Same

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rita Middle Sue Last Reeves
Date of Birth: Month June Day 1 Year 1950
Place of Birth (State or foreign country) Indiana
Residence Address 329 Odell St. Street or R.R. City Brownsburg County Hendricks State In
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nicole Michelle 17yrs
6. (a) Full name of applicant's father Robert Lee Reese
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wealdine Marek
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rita Sue Reeves Date April 16, 1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Rita Sue Reeves
New Address Same

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 1-16-91 *, authorizing the marriage of* James Frederick Mier *and* Rita Sue Reeves *. I further certify that the following marriage certificate was filed in my office: I,* Harold L. Leininger *(name), certify that on* 4-20-91 *(date), at* Calvary United Methodist *in* Hendricks *County, Indiana,* James Frederick Mier *of* Hendricks *County* Indiana *(state), and* Rita Sue Reeves *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* 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).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 130

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
Name of Physician Harry Hensley

MALE APPLICANT

Name: First CHRISTOPHER Middle THOMAS Last WARNECKE

Date of Birth: Month 10 Day 29 Year 1957

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 384 S. GREEN, City BROWNSBURG, County HENDRICKS, State INDIANA

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 JAMES A. WARNECKE
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother JEANETTE L. ROUSE
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Christopher Warnecke Date 4/17/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Christopher Warnecke

New Address

Subscribed and sworn to before me this 17 day of April, 19 91

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First CAROL Middle ANNETTE Last GOFF

Date of Birth: Month 5 Day 25 Year 1963

Place of Birth (State or foreign country) INDIANA

Residence Address: Street or R.R. 7575 N CENTER RD, City MCCORDSVILLE, County HANCOCK, State INDIANA

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

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? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. JASON WILLARD GOFF
   TARA NICOLE GOFF
6. (a) Full name of applicant's father CHARLIE HUGH JONES
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) UNKNOWN
   Birthplace of father (State or foreign country) TEXAS
   (b) Full maiden name of applicant's mother DANIELLE LEONA BROWN
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) INDIANA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carol A Goff Date 4-17-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Carol A Goff

New Address

Subscribed and sworn to before me this 17 day of April, 19 4-17

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-17-91 *, authorizing the marriage of* CHRISTOPHER THOMAS WARNECKE *and* CAROL ANNETTE GOFF *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 4-17-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* CHRISTOPHER T. WARNECKE *of* HENDRICKS *County* IN *(state), and* CAROL A. GOFF *of* HANCOCK *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-17-91 *. 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* 4-17-91 *(date).*

Signed Connie Spence *Clerk*
HENDRICKS
Circuit Court

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

HENDRICKS County

No. 131

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

Name: First Bryan Middle Faulkner Last Hughes
Date of Birth: Month 8 Day 15 Year 63
Place of Birth (State or foreign country) North Carolina
Residence Address: Street or R.R. 7153 Kingswood Ct Apt 2516 City Indpls County Marion State Ind
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Needham Elliot Hughes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) North Carolina
   (b) Full maiden name of applicant's mother Ruby Rachael White
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Carolina
   Birthplace of mother (State or foreign country) North Carolina

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bryan Faulkner Hughes Date 4-17-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bryan Faulkner Hughes
New Address _____
Subscribed and sworn to before me this 17th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Diane Last Nysewander
Date of Birth: Month 6 Day 24 Year 62
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 6935 E 100 N City Danville County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Andrew Earl Reed
6. (a) Full name of applicant's father Gerald Brian Snodgrass
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carolyn Solomon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Cynthia Nysewander Date 4-17-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cynthia Nysewander
New Address _____
Subscribed and sworn to before me this 17th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-17-91 *, authorizing the marriage of* Bryan Faulkner Hughes *and* Cynthia Diane Nysewander *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John C. Parsley *(name), certify that on* 4-27-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Bryan Faulkner Hughes *of* Marion *County* Indiana *(state), and* Cynthia Diane Nysewander *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* 4-17-91 *. Signed by:* /s/ Rev. John C. Parsley *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 132

File

4-18-91
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 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

Name: First James Middle Allen Last Lyon
Date of Birth: Month 11 Day 14 Year 65
Place of Birth (State or foreign country): Indiana
Residence Address: # RR#1 Street or R.R. Box 154 City Fillmore County Putnam State In.
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)
Dr Lee.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Richard Allan Lyon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Jeneene Elaine Robinson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant James Allen Lyon Date 4-18-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James Allen Lyon
New Address 244 W. Broadway Danville, In.
Subscribed and sworn to before me this 18 day of Apr, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Carol Middle LuAnn Last Perkins
Date of Birth: Month 11 Day 17 Year 63
Place of Birth (State or foreign country): Indiana
Residence Address: 450 S. Jefferson St Street or R.R. Danville City Hendricks County In State
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Walter Dewane Perkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Frances Louise Chastain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Carol LuAnn Perkins Date 4-18-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Carol LuAnn Perkins
New Address 244 W. Broadway Danville, In
Subscribed and sworn to before me this 18 day of Apr, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-18-91 *, authorizing the marriage of* James Allen Lyon *and* Carol LuAnn Perkins *. I further certify that the following marriage certificate was filed in my office: I,* P. Michael Thornburg *(name), certify that on* _____ *(date), at* Fillmore *in* Putnam *County, Indiana,* James Allen Lyons *of* Putnam *County* Indiana *(state), and* Carol LuAnn Perkins *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* 4-27-91 *. Signed by:* /s/ P. Michael Thornburg *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 1032

File

4-18-91
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 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 Nite Health Dept.

MALE APPLICANT

Name: First Michael Middle Lee - Last Miles

Date of Birth: Month 8 Day 24 Year 66

Place of Birth (State or foreign country) IN

Residence Address: 1028 W 200 S Street or R.R. City Danville County State

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) Dr's file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Kenneth Eugene Miles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Shelby Jane Isaacs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael L. Miles Date 4-18

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michael L. Miles

New Address _____

Subscribed and sworn to before me this 18 day of 4, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melanie Middle Louise Last Bear

Date of Birth: Month 2 Day 11 Year 72

Place of Birth (State or foreign country) CA

Residence Address: 128 Cedar Run Dr. Street or R.R. City Brownsburg County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Henry Bear
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville CA
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Donna Lynn Dardeen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) National City CA
   Birthplace of mother (State or foreign country) Oregon

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Melanie L. Bear Date 4/18/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Melanie L Bear

New Address 128 CEDAR RUN DR. BBurg.

Subscribed and sworn to before me this 18 day of 4, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-18-91 *, authorizing the marriage of* Michael L. Miles *and* Melanie L. Bear *. I further certify that the following marriage certificate was filed in my office: I,* Daniel E. Bidle *(name), certify that on* 4-20-91 *(date), at* Lizton *in* Hendricks *County, Indiana,* Michael L. Miles *of* Hendricks *County* Indiana *(state), and* Melanie L. Bear *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* 4-20-91 *. Signed by:* /s/ Daniel E. Bidle *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-362-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 134

HENDRICKS County

File

4-18-91
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 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 Michael L. Reedy

MALE APPLICANT

Name: First Robert Middle M. Last Walker

Date of Birth: Month 3 Day 07 Year 1963

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2302 Nowling Lane City Indianapolis County Hendricks State Indiana

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Robert Lee Walker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Jane Phillips
   (If adopted, list adoptive parents only) Deceased
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert Mervin Walker Date 4-18-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert Mervin Walker

New Address _____

Subscribed and sworn to before me this 18 day of April, 19 91

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Becky Middle A. Last Snow

Date of Birth: Month 11 Day 23 Year 1962

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2302 Nowling Lane City Indianapolis County Hendricks State Indiana

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Cosby Earl Snow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Rosemary Louise Cottrell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Becky A. Snow Date April 18, 1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Becky A. Snow

New Address _____

Subscribed and sworn to before me this 18 day of April, 19 91

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-18-91 *, authorizing the marriage of* Robert M. Walker *and* Becky A. Snow *. 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 *in* Owen *County, Indiana,* Robert M. Walker *of* Hendricks *County* Indiana *(state), and* Becky A. Snow *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* 4-27-91 *. Signed by:* /s/ Robert E. Jones *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-91 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 135

File

4-19-91
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 Dixie Rowen

MALE APPLICANT

Name: First Donald Middle A. Last Wells

Date of Birth: Month 3 Day 6 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua, Susan
6. (a) Full name of applicant's father Donald J. Wells
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Whitewater IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Joan Jacqueline Farley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   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 X Donald A Wells Date 4-19-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Donald A Wells
New Address
Subscribed and sworn to before me this 19 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tricia Middle A. Last Lister

Date of Birth: Month 11 Day 30 Year 55

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 400 City Clayton County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Claude R. Lister
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marguerite Page
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tricia Lister Date 4-19-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tricia Lister
New Address
Subscribed and sworn to before me this 19 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-19-91 *, authorizing the marriage of* Donald A. Wells *and* Tricia A. Lister *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 4-19-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Donald A. Wells *of* Hendricks *County* Indiana *(state), and* Tricia A. Lister *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 136

HENDRICKS County

File

4-19-91
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 Dr. Triplett

MALE APPLICANT

Name: First Richard Middle Alan Last Whitlow

Date of Birth: Month 9 Day 21 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 956a Pinewood Ct. City North Plainfield County Hendricks State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Terry Lee Whitlow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana - Plainfield
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Daneta Diane Woods-Pefd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Richard A. Whitlow Date 4-19-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Richard A. Whitlow

New Address

Subscribed and sworn to before me this 19 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Marie Last Smith

Date of Birth: Month 11 Day 14 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 956A Pinewood Ct. City North Plainfield County Hendricks State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Christopher Joseph Smith Jr
   (If adopted, list adoptive parents only) ~~In~~
   Residence of father (if deceased, so state) Indiana - Conby
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Trina Darlene Sage
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana - Conby
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Christina M. Smith Date 4-19-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Christina M. Smith

New Address

Subscribed and sworn to before me this 19 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-19-91 *, authorizing the marriage of* RICHARD ALAN WHITLOW *and* 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 *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 4-19-91 *. Signed by:* /s/ PATRICK J. KELLY *,* CATHOLIC PRIEST *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 137

HENDRICKS County

File

4-19-91
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

Name: First David Middle R. Last Navel

Date of Birth: Month 4 Day 23 Year 69

Place of Birth (State or foreign country) Albany, New York

Residence Address: Street or R.R. 7874 Maureen Terrace City Indpls County Marion State In. 46214

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Donald Ray Navel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Rockville, IN
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Ann Hutson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Adolph, Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X David R Navel Date 4-19-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X David Navel

New Address

Subscribed and sworn to before me this 19 day of April, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Heather Middle C. Last Schwartz

Date of Birth: Month 4 Day 19 Year 70

Place of Birth (State or foreign country) Saginaw, Michigan

Residence Address: Street or R.R. Same City County State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Roger Nelson Schwartz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Akron, Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Pamela Ann Shields
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Adolph, IN
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Heather Schwartz Date 4-1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Heather Schwartz

New Address

Subscribed and sworn to before me this 19 day of April, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* ~~4-19-91~~ 5-2-91 *, authorizing the marriage of* DAVID R. NAVEL *and* HEATHER C. SCHWARTZ *. I further certify that the following marriage certificate was filed in my office: I,* MYRON BARNARD *(name), certify that on* 5-18-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* DAVID R. NAVEL *of* MARION *County* INDIANA *(state), and* HEATHER C. SCHWARTZ *of* MARION *County* INDIANA *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-18-91 *. Signed by:* /s/ MYRON BARNARD, JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 138

File

4-22-91 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 James Black

MALE APPLICANT

Name: First Daniel Middle John Last Black

Date of Birth: Month Oct. Day 8 Year 1963

Place of Birth (State or foreign country): Greenville Hend. In.

Residence Address: Street or R.R. 7325 E 800 N. City Brownsburg County Hend. State In.

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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Maurice James Black
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary Virginia Bausman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg, In.
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Daniel John Black Date 04/22/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Daniel John Black

New Address 4613 Framington Ct. Indpls IN 46254

Subscribed and sworn to before me this 22 day of APRIL, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Robin Middle D. Last Maxwell

Date of Birth: Month Dec. Day 5 Year 1963

Place of Birth (State or foreign country): Indpls. Marion In.

Residence Address: Street or R.R. 4613 Framington Ct. City (Marion) County Indpls. State

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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Lloyd Maxwell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Germantown, Tenn.
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Mary Ruth Stephens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Germantown, Tenn.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robin Maxwell Date 4/22/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Robin Maxwell

New Address 4613 Framington Ct.

Subscribed and sworn to before me this 22nd day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4/22/91, *authorizing the marriage of* 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 on* 5-4-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Daniel John Black *of* Hendricks *County* Indiana *(state), and* Robin Denise Maxwell *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-4-91. *Signed by:* /s/ Paul R. Bauman, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 139

File

4-22-91 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 Dr. Donald Johnson

MALE APPLICANT

Name: First Keith; Middle L.; Last Boss

Date of Birth: Month 8; Day 30; Year 69

Place of Birth (State or foreign country) Danville, IN

Residence Address: Street or R.R. 135 Bostick Ave.; City Danville; County Hendricks; State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Johnny Lynn Boss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Marjorie Ann Clouse
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Keith L Boss Date 4-22-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Keith L Boss
New Address
Subscribed and sworn to before me this 22 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Ileana; Middle D.; Last Stidam

Date of Birth: Month 10; Day 21; Year 68

Place of Birth (State or foreign country) Danville, IN

Residence Address: Street or R.R. 133 South RD. 450 E; City Hendricks; County IN; State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Carl Edwards Stidam
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Wilma Jean Nesbitt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville, IN
   Birthplace of mother (State or foreign country) W. Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Ileana D Stidam Date 4-22-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Ileana D Stidam
New Address
Subscribed and sworn to before me this 22 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-91 *, authorizing the marriage of* KEITH L. ROSS *and* ILEANA D. STIDAM *. I further certify that the following marriage certificate was filed in my office: I,* KENNETH E. VETTERS *(name), certify that on* 5-11-91 *(date), at* BARTLETT CHAPEL *in* HENDRICKS *County, Indiana,* KEITH L. ROSS *of* Hendricks *County* Indiana *(state), and* ILENA D. STIDAM *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* 5-11-91 *. Signed by:* /s/ KENNETH E. VETTERS, PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-19 _____ *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 140

HENDRICKS County

File

4-22-91
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 J. Perkins

MALE APPLICANT

Name: First Christopher Middle B. Last Clark

Date of Birth: Month 3 Day 29 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 346 S. Tennessee Street or R.R. Danville City County State IN

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Stephen Bradley Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judith Ann Hooker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Christopher Brian Clark Date 4-22-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Christopher Brian Clark

New Address _____

Subscribed and sworn to before me this 22 day of 4, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First April Middle Deann Last Wood

Date of Birth: Month 8 Day 7 Year 72

Place of Birth (State or foreign country) Marion Co. IN

Residence Address: 5717 Port Irving Dr. Indp 15. 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

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Harold D. Wood
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jacqueline J. Fuller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X April Deann Wood Date 4-22-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X April Deann Wood

New Address Same as above

Subscribed and sworn to before me this 22 day of 4, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-22-91 *, authorizing the marriage of* Christopher B. Clark *and* April D. Wood *. I further certify that the following marriage certificate was filed in my office: I,* John F. Strifler *(name), certify that on* 4-27-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Christopher B. Clark *of* Marion *County* Indiana *(state), and* April D. Wood *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* 4-27-91 *. Signed by:* /s/ John F. Strifler *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-1-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 141

HENDRICKS County

File

4-23-91
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 Dr Hadley

MALE APPLICANT

Name: First *David* Middle *Thomas* Last *Martin*

Date of Birth: Month *7* Day *1* Year *1968*

Place of Birth (State or foreign country) *Indianapolis, Indiana*

Residence Address: Street or R.R. *1337 Andrews Dr.* City *Plainfield* County *Hendricks* State *Indiana 46168*

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 *David W. Martin*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Sue L. Maiden*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Virginia*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X *David T Martin* Date *4-23-91*

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X *David T Martin*

New Address _____

Subscribed and sworn to before me this *23* day of *April*, 19 *91*

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First *Melissa* Middle *A* Last *Smith*

Date of Birth: Month *6* Day *20* Year *1973*

Place of Birth (State or foreign country) *Indianapolis, Indiana*

Residence Address: Street or R.R. *2031 Danbury* City *Indianapolis* County *Marion* State *Indiana 46231*

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☑ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 *Carl Smith*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Kentucky*
   (b) Full maiden name of applicant's mother *Judy A Kolodziej-Smith*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Massachusetts*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X *Melissa Smith* Date *4-23-91*

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X *Melissa Smith*

New Address _____

Subscribed and sworn to before me this *23* day of *April*, 19 *91*

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 X *Carl Smith* ID # *8940-42-5354*

Mother X *Judy Smith* ID # *8941-57-1213*

Subscribed and sworn to before me this *23* day of *April*, 19 *91*

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-23-91 *, authorizing the marriage of* David Thomas Martin *and* Melissa Smith *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Clifford McDaniel *(name), certify that on* 4-27-91 *(date), at* Mooresville *in* Morgan *County, Indiana,* David Thomas Martin *of* Marion *County* Indiana *(state), and* Melissa Smith *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* 4-27-91 *. Signed by:* /s/ Rev. Clifford McDaniel, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 142

HENDRICKS County

File

April 23 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 Dr. Terry J. Maxdel Inc.

MALE APPLICANT

Name: First Steven Middle Roy Last Laughlin

Date of Birth: Month Sept. Day 7 Year 1954

Place of Birth (State or foreign country) Kushnecki Jr.

Residence Address: Street or R.R. 120 William St. City Apt. I County Brownsburg State Ind.

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 Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
   Katherine Leigh Laughlin
6. (a) Full name of applicant's father James Theodore Laughlin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Castle, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nelda Gephart
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Castle, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Steven R Laugh Date 4-23-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Steven R Laugh

New Address PO Box 99 Pittsboro IN 46167

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Moore

Date of Birth: Month Jan. Day 6 Year 1970

Place of Birth (State or foreign country) Flint Michigan

Residence Address: Street or R.R. PO Box 99 City Pittsboro County State Ind.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Donald Leroy Moore
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cadillywood, Ont.
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Michelle Robin Ward
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro, In.
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer Moore Date 4-23-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer Moore

New Address same

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4/23/91 *, authorizing the marriage of* Steven Roy Laughlin *and* Jennifer Lynn Moore *. I further certify that the following marriage certificate was filed in my office: I,* Dave Kovalow-St. John *(name), certify that on* 5-5-91 *(date), at* Pittsboro Christian Church *in* Hendricks *County, Indiana,* Steven Roy Laughlin *of* Hendricks *County* Indiana *(state), and* Jennifer Lynn Moore *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* 5-5-91 *. Signed by:* /s/ Dave Kovalow-St. John *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 143

File

4-24-91
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

Name: First *Larry* Middle *Lee* Last *Knapp*

Date of Birth: Month 2 Day 06 Year 1938

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *3101 Crystal Springs Rd.* City *Hermitage* County *Davison* State *Tennessee*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *1*

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Driver's License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father *Raymond E. Knapp*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Deceased*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Elizabeth Ann Williams*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *X Larry Lee Knapp* Date *4-24-91*

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed *X Larry Lee Knapp*

New Address

Subscribed and sworn to before me this *24* day of *April*, 19 *91*

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First *Judith* Middle *Marian* Last *Knapp*

Date of Birth: Month 1 Day 29 Year 1939

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *7615 N. 650 E.,* City *Brownsburg,* County *Hendricks,* State *Indiana*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *1*

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Driver's License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father *Arnold Redmon*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Mabel Huffman*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *X Judith M Knapp* Date *4-24-91*

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed *X Judith M. Knapp*

New Address

Subscribed and sworn to before me this *24* day of *April*, 19 *91*

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-24-91 *, authorizing the marriage of* LARRY LEE KNAPP *and* JUDITH MARION KNAPP *. I further certify that the following marriage certificate was filed in my office: I,* REV. GEORGE CURRY *(name), certify that on* 5-19-91 *(date), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* LARRY LEE KNAPP *of* DAVIDSON *County* TENN. *(state), and* JUDITH MARION KNAPP *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 144

File

4-24-91 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

Name: First Robert Middle B. Last Hudson

Date of Birth: Month 3 Day 12 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

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) Dr. Sig.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Rondall E. Hudson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sharon Elizabeth Munn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert Hudson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert Hudson

New Address

Subscribed and sworn to before me this 24 day of April, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Jennifer Middle L. Last Irwin

Date of Birth: Month 10 Day 21 Year 71

Place of Birth (State or foreign country) Michigan

Residence Address: Street or R.R. PO Box 448 City Brownsburg County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Kurt Elliott Irwin
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Detroit, Michigan
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Judy Ann Steen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer L. Irwin Date 4/24/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Jennifer Irwin Date 4/24/91

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X

New Address

Subscribed and sworn to before me this 24 day of 4, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, 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: I,* J. Donald Boebinger *(name), certify that on* 5-4-91 *(date), at* White Lick Presbyterian Church *in* Hendricks *County, Indiana,* Robert B. Hudson *of* Hendricks *County* Indiana *(state), and* Jennifer L. Irwin *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* 4-24-91 *. Signed by:* /s/ J. Donald Boebinger *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 145

HENDRICKS County

File

4-24-91
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 Dr. Harmon

MALE APPLICANT

Name: First David Middle A. Last Smith

Date of Birth: Month 4 Day 2 Year 68

Place of Birth (State or foreign country) Danville, In

Residence Address: Street or R.R. 1147 Springcrest St. City Plainfield County Hendricks State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Robert Eugene Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, IN
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Eugenia Jane McIntyre
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David A. Smith Date 4/24/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X David A. Smith
New Address 6026 A Christine Rd. Indpls
Subscribed and sworn to before me this 24th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Alisa Middle D. Last Britt

Date of Birth: Month 12 Day 21 Year 69

Place of Birth (State or foreign country) Portland IN

Residence Address: Street or R.R. 7363 Bahama Ct City Indianapolis County Marion State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Harry Damon Britt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carolyn Jean Eagle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Alisa D. Britt Date 4-24-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Alisa D. Britt
New Address Same
Subscribed and sworn to before me this 24th day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-24-91 *, authorizing the marriage of* DAVID A. SMITH *and* ALISA D. BRITT *. I further certify that the following marriage certificate was filed in my office: I,* STEPHEN WHITE *(name), certify that on* 5-11-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID A. SMITH *of* HENDRICKS *County* IN *(state), and* ALISA D. BRITT *of* MARION *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-11-91 *. Signed by:* /s/ STEPHEN WHITE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 146

File

4-25-91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated 4-22-91
Name of Physician Dr. Maynard

MALE APPLICANT

Name: First Brian Middle R. Last Zaborowsky

Date of Birth: Month 1 Day 25 Year 68

Place of Birth (State or foreign country) Logan, W. Virginia

Residence Address: Street or R.R. 425 Varner City Brownsburg County Hendricks State In

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 11/2/88

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Benjamin Baynard Zaborowsky
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) W. Virginia
   (b) Full maiden name of applicant's mother Claudia Jane Baumgardner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) W. Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Brian R Zab 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brian R Zab

New Address 425 Varner Dr. - Brownsburg, IN.

Subscribed and sworn to before me this 25 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Bonnie Middle S. Last Jackson

Date of Birth: Month 8 Day 9 Year 52

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-9-89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tori Jo Jackson
   Bobbi Ann Jackson

6. (a) Full name of applicant's father Maynard Berlin Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Pauline L. McNeely
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Bonnie S. 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Bonnie S Jackson

New Address Same

Subscribed and sworn to before me this 25 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-25-91 *, authorizing the marriage of* Brian R. Zaborowsky *and* Bonnie S. Jackson *. I further certify that the following marriage certificate was filed in my office: I,* Shan Rutherford *(name), certify that on* 5-4-91 *(date), at* Greenwood *in* Johnson *County, Indiana,* Brian R. Zaborowsky *of* Hendricks *County* Indiana *(state), and* Bonnie S. Jackson *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* 5-4-91 *. Signed by:* /s/ Shan Rutherford *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 147

File

4-25-91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician B'burg Med Center

MALE APPLICANT

Name: First John Middle Robert Last Brunner
Date of Birth: Month 4 Day 6 Year 42
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Same → City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 83'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Douglas Michael

6. (a) Full name of applicant's father Walter Arnold Brunner
   (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 Vera Marie Eglin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Westfield, N.M.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant John R. Brunner 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed John R. Brunner
New Address
Subscribed and sworn to before me this 25 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Diane Last Lucas
Date of Birth: Month 2 Day 13 Year 56
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 7210 N. St. Rd. 267 City B'burg. County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 83'
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tamera Simms (Simms)

6. (a) Full name of applicant's father Wayne Lawrence Lucas
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Amelia Elaine Sheridan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sedgwick, IN
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Rebecca D. Lucas 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Rebecca D. Lucas
New Address
Subscribed and sworn to before me this 25 day of 4, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-25-91 *, authorizing the marriage of* John R. Brunner *and* Rebecca C. Lucas *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 5-3-91 *(date), at* Danville *in* Hendricks *County, Indiana,* John R. Brunner *of* Hendricks *County* Indiana *(state), and* Rebecca C. Lucas *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* 5-3-91 *. 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* 5-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 148

File

4-25 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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Tyson Family

MALE APPLICANT

Name: First James Middle Bradley Last Mann

Date of Birth: Month 8 Day 13 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6212 W. 29th Pl. City Indpls. County State

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) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Ronald E. Mann
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Nancy E. Mc Millen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James Bradley Mann 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.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James Bradley Mann

New Address 425 Park Blvd Apt. 2087 Ogden UT 84401

Subscribed and sworn to before me this 25 day of 4, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kelli Middle Kathleen Last Weakly

Date of Birth: Month 9 Day 10 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5433 E. Maple Av. City Danville County State

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) Dr. Fin.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Jerry E. Weakley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Delores Jean Mc Laughlin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kelli K Weakly 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.

Clerk of Court _____ Date _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kelli K Weakly

New Address _____

Subscribed and sworn to before me this 25 day of 4, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-25-91, *authorizing the marriage of* James Bradley Mann *and* Kelli Kathleen Weakly. *I further certify that the following marriage certificate was filed in my office: I,* Donald N. Griffith *(name), certify that on* 4-27-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* James Bradley Mann *of* Marion *County* Indiana *(state), and* Kelli Kathleen Weakly *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* 4-27-91. *Signed by:* /s/ Donald N. Griffith, Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-30-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 149

File

4-25-91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated 4-25-91
Name of Physician Dr. Hunzelstein

MALE APPLICANT

Name: First Randy Middle L. Last Pope

Date of Birth: Month 11 Day 5 Year 61

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R.R. 5718 Port Lillian Dr. Apt. B City Indianapolis County Marion State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jon Norwood Pope
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Janice Lee Bogan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Randy L Pope 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Randy L Pope
New Address same

Subscribed and sworn to before me this 25th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle K Last Grider

Date of Birth: Month 6 Day 25 Year 67

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R.R. ~~Same~~ 500 Avon Rd. Plfd. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jerry Grider
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley Ann Miles
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Diana K Grider 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Diana K Grider
New Address _____

Subscribed and sworn to before me this 25th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-25-91 *, authorizing the marriage of* Randy L. Pope *and* Diana K. Grider *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 4-25-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Randy L. Pope *of* Marion *County* Indiana *(state), and* Diana K. Grider *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* 4-25-91 *. Signed by:* /s/ Cynthia J. Spence *,* _____ *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 150

HENDRICKS County

File 4-25-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Gregory Oliver

MALE APPLICANT

Name: First Richard Middle Last Latshaw

Date of Birth: Month 11 Day 4 Year 55

Place of Birth (State or foreign country) ILL.

Residence Address: Street or R.R. 112 Park Ridge City Danville County Hendricks State IN 46122

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Rhianna, Dwight Latshaw
6. (a) Full name of applicant's father Harry Earl Latshaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) ILL
   (b) Full maiden name of applicant's mother Eliose Mullins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) ILL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)

X Signature of Applicant Richard K. Latshaw 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Richard K. Latshaw
New Address 1019 Hacienda Dr.

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Bertha Middle Sue Last Zener

Date of Birth: Month 8 Day 25 Year 55

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 8551 Red Oak Court Apt. A City Indpls County State IN

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 John Edward Zener
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Almeetia E. Callahan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Bertha Sue Zener 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Bertha Sue Zener
New Address Same

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-25-91 *, authorizing the marriage of* Richard Larshaw *and* Bertha Sue Zener *. I further certify that the following marriage certificate was filed in my office: I,* Myron Barnard *(name), certify that on* 4-26-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Richard Latshaw *of* Hendricks *County* Indiana *(state), and* Bertha Sue Zener *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* 4-26-91 *. Signed by:* /s/ Myron Barnard *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 4-29-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 157

File 4-26-91
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 Dr. Ferry

MALE APPLICANT

Name: First Allen Middle R Last Dye
Date of Birth: Month 5 Day 16 Year 1962
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 56 Weil Dr. City Brownsburg, County Hendricks, State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lee Dye
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Suzann Essig
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Allen R. Dye Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Allen R. Dye
New Address
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name: First Brenda Middle S. Last Scearce
Date of Birth: Month 2 Day 02 Year 1966
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 5164 W. Scott Dr. City Greenwood, County Johnson, State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles Conner Scearce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Saundra Kay Lee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Brenda S. Scearce Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Brenda S. Scearce
New Address
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* Allen R. Dye *and* Brenda Scearce *. 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* _____ Brenda S. Scearce *of* Johnson *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* 5-26-91 *. Signed by:* /s/ Leonard Enloe *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 152

File

4-26-91
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 Dr. Kennedy

MALE APPLICANT

Name: First George Middle Richard Last Ruble

Date of Birth: Month 4 Day 28 Year 1959

Place of Birth (State or foreign country): Indiana

Residence Address: 118 N. Adams St. Street or R.R. Brownsburg City Hendricks County Indiana State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Harkin Ruble
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Rhoda Irene Frier
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X George R Ruble Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X George R Ruble
New Address
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Debra Middle Lynn Last Stidham

Date of Birth: Month 4 Day 26 Year 1955

Place of Birth (State or foreign country): Indiana

Residence Address: 118 N. Adams Street or R.R. Brownsburg City Hendricks County Indiana State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Kelley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Virginia Louise Lindsay
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Debra Stidham Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Debra Stidham
New Address
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* George Richard Ruble *and* Debra Lynn Stidham *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 4-26-91 *(date), at* Danville *in* Hendricks *County, Indiana,* George Richard Ruble *of* Hendricks *County* Indiana *(state), and* Debra Lynn Stidham *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* 4-26-91 *. 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* 4-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 153

File

4-26-91
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 11-2390
Name of Physician Dr. Ryan

MALE APPLICANT

Name: David (First) Lowell (Middle) Marsh (Last)
Date of Birth: March (Month) 29 (Day) 1967 (Year)
Place of Birth (State or foreign country): Indiana
Residence Address: 107 N Grant St. (Street or R.R.) Crownsburg (City) Hendricks (County) In (State)
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Larry Eugene Marsh
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann Eland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David Lowell Marsh Date 4-26-91

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) ss: I swear/affirm that the information given in this application is true and correct.
Signed X David Lowell Marsh
New Address 107 N GRANT ST, BROWNSBURG
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: Anita (First) Sue (Middle) Carlton (Last)
Date of Birth: November (Month) 1 (Day) 1966 (Year)
Place of Birth (State or foreign country): Indiana
Residence Address: 3360 N 500 E (Street or R.R.) Danville (City) Hendricks (County) In (State)
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Carlos Ray Carlton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Norma Whitaker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Anita Sue Carlton Date 4/26/91

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) ss: I swear/affirm that the information given in this application is true and correct.
Signed X Anita Sue Carlton
New Address Same
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* 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 POWELL *(name), certify that on* 5-11-91 *(date), at* 4:00 PM *in* MARION *County, Indiana,* DAVID LOWELL MARSH *of* HENDRICKS *County* INDIANA *(state), and* ANITA SUE CARLTON *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* 5-11-91 *. Signed by:* /s/ REV DAVE KOVALOW-ST JOHN & REV STEVE POWELL-MINISTERS *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 154

HENDRICKS County

File

April 26, 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 Freda Frazier

MALE APPLICANT

Name: First Matthew Middle Scott Last Ayers

Date of Birth: Month Sept. Day 8 Year 1971

Place of Birth (State or foreign country) Delaware Co. In.

Residence Address: 1124 Challenge Rd. Street or R.R. Muncie City (Del.) County State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Michael S. Ayers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Muncie, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Mary L. Stalpress
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Muncie, In.
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Matthew S. Ayers Date April 26 1991

The above applicant has 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 Matthew S. Ayers
New Address Same

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle P. Last Lowry

Date of Birth: Month May Day 30 Year 1972

Place of Birth (State or foreign country) Hend. Co. In.

Residence Address: 516 Brookside Dr. Street or R.R. Plfd. City Hend. County In. State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 David Warren Lowry
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Georgia
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Janice Patricia Buck
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield, In.
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer P. Lowry Date April 26, 1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Jennifer P. Lowry
New Address 516 Brookside Dr. Plainfield

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* MATHEW SCOTT AYERS *and* JENNIFER P. LOWRY *. I further certify that the following marriage certificate was filed in my office: I,* KEITH H. KIRK *(name), certify that on* 5-18-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* MATHEW SCOTT AYERS *of* DELAWARE *County* INDIANA *(state), and* JENNIFER P. LOWRY *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* 5-18-91 *. Signed by:* /s/ KEITH H. KIRK *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 155

File

4-26-91
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 C. Wills, MD

MALE APPLICANT

Name: First Bert Middle Edward Last Waterman, Jr.
Date of Birth: Month 5 Day 03 Year 1968
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1291 Sycamore Dr. City Danville County Hendricks State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Bert Edward Waterman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lillie May Fitzgerald
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bert E. Waterman Jr. Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bert E. Waterman Jr.
New Address
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Diane Middle Berry Last Boyden
Date of Birth: Month 7 Day 18 Year 1970
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 1291 Sycamore Dr. City Danville County Hendricks State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Richard Boyden
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Margaret Diane Mann
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Diane Berry Boyden Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Diane Berry Boyden
New Address
Subscribed and sworn to before me this 26 day of April, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* Bert Edward Waterman *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), at* Danville *in* Hendricks *County, Indiana,* Bert Edward Waterman *of* Hendricks *County* Indiana *(state), and* Diane Berry Boyden *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* 5-4-91 *. Signed by:* /s/ John P. roof *,* Episcopal Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 156

File

4.26.91 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 Jim Brent

MALE APPLICANT

Name: First John Middle Nolan Last Elrod

Date of Birth: Month 10 Day 12 Year 59

Place of Birth (State or foreign country) Columbus, Ohio

Residence Address: Street or R.R. 1509 E. Main City Pitts. County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-87

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father James Matthew Elrod
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) GA
   (b) Full maiden name of applicant's mother Margaret Ann Malusky
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John N. Elrod Date 3-5-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John N. Elrod
New Address Same

Subscribed and sworn to before me this 3 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Brenda Middle Jane Last Brown

Date of Birth: Month 4 Day 11 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1509 E. Main City Plyd. County State

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) Dr. Ofc.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Lynville Dale Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plyd. IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Bonnie Christine Todd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plyd IN
   Birthplace of mother (State or foreign country) TN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Brenda J Brown Date 4-26-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brenda Jane Brown
New Address Same as above

Subscribed and sworn to before me this 26 day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* John N. Elrod *and* Brenda J. Brown *. I further certify that the following marriage certificate was filed in my office: I,* Carl Akard Riley *(name), certify that on* 6-15-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* John N. Elrod *of* Hendricks *County* Indiana *(state), and* Brenda J. Brown *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* 6-15-91 *. Signed by:* /s/ Carl Akard Riley, Minister *(official designation) 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*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 157

HENDRICKS County

File

4-26-91
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 Dr. Black - Bburg

MALE APPLICANT

Name: First Glenn Middle Alan Last Julius

Date of Birth: Month 7 Day 25 Year 57

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10.90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Abby, Kyle

6. (a) Full name of applicant's father Louis M. Julius
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jeffersonville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Alice Woodburn
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Glenn A Julius Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Glenn A Julius

New Address

Subscribed and sworn to before me this 26 day of 4, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Barbara Middle Jean Last Hudson

Date of Birth: Month 3 Day 10 Year 56

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. 1120 Redwood City Dr. B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2.88

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Donnie, Ann Marie

6. (a) Full name of applicant's father Sherman George Bryant
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Anna Lou Perkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Brownsburg IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Barbara J. Hudson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Barbara J. Hudson

New Address

Subscribed and sworn to before me this 26 day of 4, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* Glenn A. Julius *and* Barbara J. Hudson *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(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 *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* 4-26-91 *. 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* 4-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 158

File

4-29-91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated 4-21-91
Name of Physician Dr. James Black

MALE APPLICANT

Name: First Charles Middle E. Last Lontz III

Date of Birth: Month 11 Day 8 Year 62

Place of Birth (State or foreign country) Harrisburg, Pa.

Residence Address: Street or R.R. 6251 Crystal Springs Dr. City Plainfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 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 E. Lontz IV

6. (a) Full name of applicant's father Charles E. Lontz, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) PA
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Carol Bonnain Enders
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) PA
   Birthplace of mother (State or foreign country) Lykins, PA.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Charles E. Lontz III Date 4/29/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Charles E. Lontz III

New Address Same

Subscribed and sworn to before me this 29th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle L. Last Sullivan

Date of Birth: Month 7 Day 12 Year 66

Place of Birth (State or foreign country) Lebanon, IN

Residence Address: Street or R.R. Same City County State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Ralph Harding Sullivan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Marguerite L. Mitchell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lori L. Sullivan Date 4/29/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lori L. Sullivan

New Address _____

Subscribed and sworn to before me this 29th day of April, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-29-91 *, authorizing the marriage of* CHARLES E. LONTZ III *and* LORI L. SULLIVAN *. I further certify that the following marriage certificate was filed in my office: I,* S. V. STILES *(name), certify that on* 6-1-91 *(date), at* Danville *in* Hendricks *County, Indiana,* CHARLES E. LONTZ III *of* HENDRICKS *County* INDIANA *(state), and* LORI L. SULLIVAN *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* 4-29-91 *. Signed by:* /s/ S. V. Stiles *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 159

HENDRICKS County

File

4-26-91
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 Ronald Steigmeier

MALE APPLICANT

Name: First Randall Middle Joseph Last Lamour Sr.
Date of Birth: Month July Day 11, Year 1958
Place of Birth (State or foreign country) Holyoke, Ma.
Residence Address: Street or R.R. 115 W. Michigan, City Clayton, County —, State In. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Licine

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Armand Harvey Lamour Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mass.
   Birthplace of father (State or foreign country) Mass.
   (b) Full maiden name of applicant's mother Shirley Rose Bonniville
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mass.
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Randall J Lamour Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Randall J Lamour
New Address Same
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Ellis
Date of Birth: Month October Day 23, Year 1963
Place of Birth (State or foreign country) Indianapolis Marion Co. In.
Residence Address: Street or R.R. 115 W. Michigan, City Clayton, County —, State In. 46118
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Licine

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. David Paul Lamour, 6 yrs. old
6. (a) Full name of applicant's father Roy Oliver Ellis
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Eileen Keller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sandra K. Ellis Date 4-26-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Sandra K. Ellis
New Address Same
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-26-91 *, authorizing the marriage of* RANDALL JOSEPH LAMOUR, SR *and* SANDRA KAY ELLIS *. I further certify that the following marriage certificate was filed in my office: I,* TOOD STEERE *(name), certify that on* 5-11-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* RANDALL JOSEPH LAMOUR, SR *of* HENDRICKS *County* INDIANA *(state), and* SANDRA KAY ELLIS *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* 5-11-91 *. Signed by:* /s/ TODD M STEERE *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 160

File

4-29-91
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 ☐ Yes ☐
If No, Medical Examination or Report Dated 4-29-91
Name of Physician Berlin

MALE APPLICANT

Name: First Andrea Middle — Last Bufano

Date of Birth: Month 8 Day 14 Year 67

Place of Birth (State or foreign country) Rome Italy

Residence Address: Street or R.R. 1000 S. Nova Rd. #1108 City Daytona Beach County — State Fla

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) Driver's Lic (N.Y.)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Vincenzo Bufano
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Italy~~ New York
   Birthplace of father (State or foreign country) Italy
   (b) Full maiden name of applicant's mother Stella Costinenza
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New York
   Birthplace of mother (State or foreign country) Isreal

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Andrea Bufano Date 4/29/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Andrea Bufano

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tammy Middle Lynn Last Pardue

Date of Birth: Month 10 Day 24 Year 70

Place of Birth (State or foreign country) Florida

Residence Address: Street or R.R. 517 N. Gibbs St. City Plainfield County — State In

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Jerry Wayne Pardue Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tennessee
   (b) Full maiden name of applicant's mother Linda Joy Hopkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Florida

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Tammy Pardue Date 4/29/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Tammy Pardue

New Address 1000 S. NOVA Rd. #1108 Daytona Bch. Fl. 32114

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-29-91 *, authorizing the marriage of* Andrea Bufano *and* Tammy Lynn Pardue *. I further certify that the following marriage certificate was filed in my office: I,* Charles E. Chestnut *(name), certify that on* 5-4-91 *(date), at* Avon/Plainfield *in* Hendricks *County, Indiana,* Andrea Bufano *of* Volusia *County* Flordia *(state), and* Tammy Lynn Pardue *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* 5-4-91 *. Signed by:* /s/ Charles E. Chestnut *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 161

File

4.29.91
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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Woodlawn Hospital

MALE APPLICANT

Name: First Neal Middle Andrew Last Robinson

Date of Birth: Month 9 Day 16 Year 69

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. RR 1 Box 241 A City Pittsboro County State In

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Larry D. Robinson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Mary L. Valentine
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Neal Robinson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Neal Robinson

New Address

Subscribed and sworn to before me this day of , 19

Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Mae Last Adams

Date of Birth: Month 4 Day 21 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 237 A City Pittsboro County State

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Dale Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Jessie Roberta Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kimberly M Adams Date 4/29/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kimberly M Adams

New Address

Subscribed and sworn to before me this 29 day of 4 , 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-29-91 *, authorizing the marriage of* 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 on* 5-11-91 *(date), at* PITTSBORO CHRISTIAN CHURCH *in* HENDRICKS *County, Indiana,* NEAL ANDREW ROBINSON *of* HENDRICKS *County* INDIANA *(state), and* KIMBERLY MAE ADAMS *of* HENDRICKS *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* 5-11-91 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 1162

HENDRICKS County

File

4-30-91
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
Name of Physician H. Jervis, Jr. M.D.

MALE APPLICANT

Name: First Rex Middle L. Last Pevler

Date of Birth: Month 6 Day 4 Year 49

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 367 W. Broadway City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-2088

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Carl Edwin Pevler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Martha Cummings
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rex L. Pevler Date 4-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Rex L. Pevler

New Address _____

Subscribed and sworn to before me this 30 day of 4, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karen Middle Barbara Last Dumford

Date of Birth: Month 7 Day 10 Year 44

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-75

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father William M. Royer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lebanon IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Frances R. Updike
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Karen B. Dumford Date 4-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Karen B Dumford

New Address _____

Subscribed and sworn to before me this 30 day of 4, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 4-30-91 *, authorizing the marriage of* REX L. PEVLER *and* KAREN B. DUMFORD *. I further certify that the following marriage certificate was filed in my office: I,* RAYMOND H. DUFF *(name), certify that on* 5-11-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* REX L. PEVLER *of* HENDRICKS *County* INDIANA *(state), and* KAREN B. DUMFORD *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* 5-1-91 *. Signed by:* /s/ RAYMOND H. DUFF *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 163

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Donald Lee

MALE APPLICANT

Name: First Kevin Middle Robert Last Brown

Date of Birth: Month 1 Day 28 Year 53

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6 Londonderry Ct. City Danville County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Stacie Lynn Brown
   Sylvia Jane Brown
6. (a) Full name of applicant's father William J. Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Harriett Elizabeth Dake
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Kevin R. Brown Date 5-1-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kevin R. Brown
New Address 424 S. BROADWAY HAVANA, IL.

Subscribed and sworn to before me this 1 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathleen Middle Marie Last Avery

Date of Birth: Month 10 Day 24 Year 51

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 421 S. Pearl City Havana County IL State 62644

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-91

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Lewis Bradshaw
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jacksonville FL IL
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Opal Ann Theibaut
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Jacksonville IL
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kathleen M. Avery Date 5-1-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kathleen M. Avery
New Address 424 S. Broadway Havana, IL

Subscribed and sworn to before me this 1 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-1-91 *, authorizing the marriage of* KEVIN R. BROWN *and* KATHLEEN M. AVERY *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREER *(name), certify that on* 5-19-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* KEVIN R. BROWN *of* Hendricks *County* Indiana *(state), and* KATHLEEN M. AVERY *of* MASON *County* ILLINOIS *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-19-91 *. Signed by:* /s/ Herbert Greer *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 164

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Theresa Wieland

MALE APPLICANT

Name: First Brady Middle James Last Bautch

Date of Birth: Month 8 Day 9 Year 59

Place of Birth (State or foreign country) Wis.

Residence Address: 2045 Street or R.R. Autumn St. City Racine County W1 State 53403

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) Military ID.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ronan Thomas Bautch
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) WI.
   (b) Full maiden name of applicant's mother Rita Mary Cullen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Durand WI
   Birthplace of mother (State or foreign country) WI

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Brady J Bautch Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Brady J Bautch

New Address

Subscribed and sworn to before me this 1 day of 5, 19 91

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Mitchell

Date of Birth: Month ~~8~~ 7 Day 70 9 17 Year ~~59~~ 63

Place of Birth (State or foreign country) IN

Residence Address: 928 Pinewood Street or R.R. Apt. D City Dr. Pkg. County State

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) Dr. Bio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Wm. Odell Mitchell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Middletown IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Bessie Arlene Ryan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dunwoody Georgia
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mary Ann Mitchell Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mary Ann Mitchell

New Address

Subscribed and sworn to before me this 1 day of 5, 19 91

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-1-91 *, authorizing the marriage of* Brady J. Bautch *and* Mary A. Mitchell *. I further certify that the following marriage certificate was filed in my office: I,* Charles Elston *(name), certify that on* 5-3-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Brady J. Bautch *of* Racine *County* Wisconsin *(state), and* Mary A. Mitchell *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* 5-8-91 *. Signed by:* /s/ Charles Elston *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-8-91 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 165

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Rebecca Hoak

MALE APPLICANT

Name: First Robert Middle Roy Last Branch

Date of Birth: Month 9 Day 27 Year 37

Place of Birth (State or foreign country) W. VA

Residence Address: 620 Street or R.R. Neitzel Rd. City Mooresville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 85

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ashley Branch

6. (a) Full name of applicant's father Robert Roy Branch II
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) N. Carolina
   (b) Full maiden name of applicant's mother Nell Penelope Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert R Branch Date 5/1/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert R Branch

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last Opalak

Date of Birth: Month 9 Day 10 Year 55

Place of Birth (State or foreign country) IN

Residence Address: 953A Street or R.R. Pinewood City Plyd. County IN State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jessica Opalak

6. (a) Full name of applicant's father Jack Theodore Griffith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brazil IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Virginia Mae Trout
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sang
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Pamela K. Opalak Date 5/1/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Pamela K. Opalak 5/1/91

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Clerk of the *HENDRICKS* Circuit Court Connie Lawson

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-1-91 *, authorizing the marriage of* ROBERT R. BRANCH III *and* PAMELA K. OPALAK *. I further certify that the following marriage certificate was filed in my office: I,* GEORGE PLASTERER *(name), certify that on* 5-18-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* ROBERT ROY BRANCH III *of* MORGAN *County* INDIANA *(state), and* PAMELA KAY OPALAK *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* 5-18-91 *. Signed by:* /s/ GEORGE PLASTERER *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-22-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 1666

File

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 ☐
If No, Medical Examination or Report Dated 3-30-91
Name of Physician Steven Hornak

MALE APPLICANT

Name: First Bradley Middle Stephen Last Komgenick
Date of Birth: Month November Day 5, Year 1968 (22)
Place of Birth (State or foreign country) Indpls, Marion Co. Indiana
Residence Address: 193 N. 671 E. City Danville County State 46122
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Stephen Paul Komgenick
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wally Sue Apple
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Bradley Stephen Komgenick Date X 5/1/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Bradley Stephen Komgenick
New Address X 7127 Antler Way Apt. 2D
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Amy Middle Louise Last Slevin
Date of Birth: Month August Day 26, Year 1969 (21)
Place of Birth (State or foreign country) Indpls, Marion Co. Indiana
Residence Address: 6430 W. 11th St. City Indpls County Ind. State 46214
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. NO
6. (a) Full name of applicant's father Samuel Robert Slevin, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Marie Bernadette Glass
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Amy Louise Slevin Date 5/1/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Amy Louise Slevin
New Address X 7127 Antler Way 2D
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-1-91 *, authorizing the marriage of* Bradley Stephen Komgenick *and* Amy Louise Slevin *. I further certify that the following marriage certificate was filed in my office: I,* Edward Dean Dickinson *(name), certify that on* 5-18-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Bradley Stephen Komgenick Hendricks *of* Indiana *County* _____ *(state), and* Amy Louise Slevin *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-18-91 *. Signed by:* /s/ Edward Dean Dickinson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-23-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 167

HENDRICKS County

File

5-02-91
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 T.M. Walker

MALE APPLICANT

Name: First David Middle Alan Last Dafoe

Date of Birth: Month 1 Day 19 Year 1968

Place of Birth (State or foreign country): Indiana

Residence Address: 8910 N. 1050 E. Street or R.R. Brownsburg City Hendricks County Indiana State

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wayne Lee Dafoe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Carol Glen Gardner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 5-2-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address _____

Subscribed and sworn to before me this 2 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Linda Middle Jeanette Last Hawkins

Date of Birth: Month 2 Day 05 Year 1969

Place of Birth (State or foreign country): Indiana

Residence Address: 7855 N. 650 E. Street or R.R. Brownsburg City Hendricks County Indiana State

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Richard Hawkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Anita Marie Hering
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) [illegible]
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Linda J. Hawkins Date 5-2-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Linda J. Hawkins

New Address _____

Subscribed and sworn to before me this 2 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-2-91 *, authorizing the marriage of* DAVID A. DAFOE *and* LINDA J. HAWKINS *. 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), at* BROWNSBURG *in* HENDRICKS *County, Indiana,* DAVID A. DAFOE *of* HENDICKS *County* INDIANA *(state), and* LINDA J. HAWKINS *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* 6-1-91 *. Signed by:* /s/ Wayne L. Dafoe *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 168

File

5-2-91
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 Joseph J. Thompson, M.D.

MALE APPLICANT

Name: First Boyd Middle Wm Last Warren Jr.
Date of Birth: Month 10 Day 07 Year 1970
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 6339 W. Ray City Indianapolis County Marion State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Boyd Warren
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Edith Ray Crawford
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Boyd Warren Jr Date 5-2-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Boyd Warren Jr.
New Address

Subscribed and sworn to before me this 2 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lynn Last Holden
Date of Birth: Month 5 Day 9 Year 1973
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 367 Waters Rd. City Plainfield County Hendricks State Indiana
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 N/A
   (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 Rita Kay (Holden) Gray
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer Lynn Holden Date 5-2-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer Lynn Holden
New Address

Subscribed and sworn to before me this 2 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Not listed on birth certificate

State of Indiana)
County of HENDRICKS) ss:

Father ID #
Mother X Rita Gray ID # 308-10-5903
Subscribed and sworn to before me this 2 day of May, 19 91
Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-2-91 *, authorizing the marriage of* BOYD WARREN, JR. *and* JENNIFER LYNN HOLDEN *. 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 *in* MARION *County, Indiana,* BOYD WARREN, JR *of* MARION *County* INDIANA *(state), and* JENNIFER LYNN HOLDEN *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* 5-11-91 *. Signed by:* /s/ REV. REGINALD B. MULLINS *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 169

File

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
Name of Physician Metro Health

MALE APPLICANT

Name: First Charles Middle Richard Last Wyatt

Date of Birth: Month 7 Day 6 Year 56

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 79'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Daniel, Amanda

6. (a) Full name of applicant's father Charles Wm. Wyatt
   (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 Mary Ellen [illegible] Vorsey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ℵ Charles R. Wyatt Date 5-3-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ℵ Charles R. Wyatt

New Address _____

Subscribed and sworn to before me this 3 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Pamela Middle Sue Last Stapert

Date of Birth: Month 7 Day 26 Year 54

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2170 Hall Rd. City Plfd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 78

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Covey, Chris

6. (a) Full name of applicant's father Edward Wroten
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Alberta Ann Mitchner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ℵ Pamela S. Stapert Date 5/3/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ℵ Pamela S. Stapert

New Address _____

Subscribed and sworn to before me this 3 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-91 *, authorizing the marriage of* Charles Richard Wyatt *and* Pamela Sue Stapert *. I further certify that the following marriage certificate was filed in my office: I,* Rev. John C. Parsley *(name), certify that on* 6-29-91 *(date), at* First Baptist-Plainfield *in* Hendricks *County, Indiana,* _____ Charles Richard Wyatt *of* Hendricks *County* Indiana *(state), and* _____ Pamela Sue Stapert *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* 5-3-91 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 170

File

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 Dr. J. Timothy Nicholas

MALE APPLICANT

Name: First Robert Middle D. Last Waltz
Date of Birth: Month 10 Day 23 Year 28
Place of Birth (State or foreign country) Mooresville, IN
Residence Address: Street or R.R. 11225 W. Washington, Lot 57 City Avilla County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 6-88
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 William Lee Waltz
   (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 Georgia Pauline Davis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Robert D. Waltz Date 5-3-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Robert D. Waltz
New Address Same
Subscribed and sworn to before me this 3rd day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Stella Middle M. Last Waltz
Date of Birth: Month 5 Day 26 Year 29
Place of Birth (State or foreign country) Bridgeport, IN
Residence Address: Street or R.R. 1604 N. Lynhurst Dr. City Speedway County Marion State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-63
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Hiram Hubert Hodges
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) TENN.
   (b) Full maiden name of applicant's mother Irene Violet Long
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) TENN.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Stella M. Waltz Date 5-3-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Stella M. Waltz
New Address _____
Subscribed and sworn to before me this 3rd day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-91 *, authorizing the marriage of* Robert D. Waltz *and* Stella M. Waltz *. I further certify that the following marriage certificate was filed in my office: I,* Teresa K. Wainscott *(name), certify that on* 5-17-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Robert D. Waltz *of* Hendricks *County* Indiana *(state), and* Stella M. Waltz *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-17-91 *. Signed by:* /s/ Teresa K. Wainscott *,* Judge *(official designation) 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*

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

No. 171

HENDRICKS County

File

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 5-2-91
Name of Physician Rebecca Hook

MALE APPLICANT

Name: First James Middle W. Last Morgan II

Date of Birth: Month Jan Day 4 Year 1968

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. Rt 1 Box 428 City Clayton County Ha. State

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) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James W. Morgan I
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Jamila Weddle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Alburquerque N.M.
   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 X James W. Morgan II Date 5-3-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James W. Morgan II

New Address

Subscribed and sworn to before me this 3rd day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michele Middle L. Last Lowe

Date of Birth: Month June Day 18 Year 1968

Place of Birth (State or foreign country) In.

Residence Address: Street or R.R. Rt 1 Box 428 City Clayton County Ha. State

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) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Gary Lowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bainbridge, In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Cheryl A. Cross
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sapp
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michele L Lowe Date 5-3-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michele L Lowe 5-3-91

New Address

Subscribed and sworn to before me this 3 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-3-91 *, authorizing the marriage of* James W. Morgan II *and* Michele L. Lowe *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 5-3-91 *(date), at* Danville *in* Hendricks *County, Indiana,* James W. Morgan II *of* Hendricks *County* Indiana *(state), and* Michele L. Lowe *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* 5-3-91 *. 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* 5-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 172

HENDRICKS County

File

5.6.91
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 Judith Roberson

MALE APPLICANT

Name: First Brian Middle Keith Last Skibba

Date of Birth: Month 4 Day 23 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 6401 Brent Dr. City Stoney Creek County Hendricks State Ind.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Thomas Allen Skibba
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Troy Alabama
   Birthplace of father (State or foreign country) Wisconsin
   (b) Full maiden name of applicant's mother Judy Ann Stephens
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Stoney Creek IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Brian Skibba Date 5/6/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Brian Skibba
New Address _____
Subscribed and sworn to before me this 6 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Jean Last Kerby

Date of Birth: Month 8 Day 11 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 757 Lake Shore Dr. City Pitt. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James D. Kerby
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pitt. IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Betty L. Johnson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pitt. IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kimberly J. Kerby Date 5/6/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kimberly J. Kerby
New Address _____
Subscribed and sworn to before me this 6 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-91 *, 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 *(name), certify that on* 6-15-91 *(date), at* Wayne Township *in* Marion *County, Indiana,* Brian K. Skibba *of* Miami *County* Ohio *(state), and* Kimberly J. Kerby *of* Miami *County* Ohio *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-6-91 *. Signed by:* /s/ the Rev. William P. Hendricks *,* Minister *(official designation) 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*

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

No. 173

HENDRICKS County

File

5-6-91
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

Name: First Larry Middle Roger Last Perkins

Date of Birth: Month Dec Day 21 Year 1943

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 20 Brooklyn Ct City Mooresville County State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 5-15-1985

Date of birth verified by: ☑ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Solomon Perkins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ky
   (b) Full maiden name of applicant's mother Lucille Anderson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Greenwood, In.
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Larry R Perkins Date 5-6-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Larry R Perkins
New Address RR 1 Bx 517 Coatesville In

Subscribed and sworn to before me this 6 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Dorothy Middle Ann Last Runnells

Date of Birth: Month Apr Day 7 Year 1940

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. Rt 2 Box 40 City Coatesville County State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Alden D McCloud
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Reelsville, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Kathleen Purlee
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dorothy A. Runnells Date 5-6-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Dorothy A. Runnells
New Address RR 1 Bx 517 Coatesville In

Subscribed and sworn to before me this 6 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-6-91 *, authorizing the marriage of* LARRY ROGER PERKINS *and* DOROTHY ANN RUNNELLS *. I further certify that the following marriage certificate was filed in my office: I,* EVERETT BARNARD *(name), certify that on* 5-25-91 *(date), at* MOORESVILLE *in* MORGAN *County, Indiana,* LARRY ROGER PERKINS *of* MORGAN *County* INDIANA *(state), and* DOROTHY ANN RUNNELLS *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* 5-6-91 *. Signed by:* /s/ EVERETT BARNARD *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 174

HENDRICKS County

File

May 6, 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

MALE APPLICANT

Name: First Douglas Middle R. Last Haggard

Date of Birth: Month Sept. Day 17 Year 1966

Place of Birth (State or foreign country): Ind. Marion In.

Residence Address: 6210 Street or R.R. SR 236 City North Salem County Hen. State In.

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)

Connie Lawson

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Douglas Keith Haggard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Beth Edwalt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Douglas R. Haggard Date 5/6/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Douglas R. Haggard

New Address

Subscribed and sworn to before me this 6 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Karla Middle S. Last Kisner

Date of Birth: Month Dec. Day 16 Year 1972

Place of Birth (State or foreign country): Hend. Co. In.

Residence Address: 6210 Street or R.R. SR 236 City North Salem County (Hend.) State In.

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)

Connie Lawson

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Kevin Gene Kisner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Salem, In.
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Karen Sue Hardman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem, In.
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karla S Kisner Date 5/6/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Karla S Kisner

New Address

Subscribed and sworn to before me this 6 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5/6/91 *, authorizing the marriage of* Douglas Randall Haggard *and* Karla Sue Kisner *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Ron Phillips *(name), certify that on* 6-15-91 *(date), at* North Salem *in* Hendricks *County, Indiana,* Douglas Randall Haggard *of* Hendricks *County* Indiana *(state), and* Karla Sue Kisner *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* 6-15-91 *. Signed by:* /s/ Ron Phillips *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-17-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 175

HENDRICKS County

File

5-16-91
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 Robert Koenig

MALE APPLICANT

Name: First Jeffrey Middle A. Alan Last Randall

Date of Birth: Month 2 Day 27 Year 68

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 230 S. Lentral City Aurora County ~~Illinois~~ State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Charles D. Randall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Aurora IL
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Joan M. Thorp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jeff Randall Date 5-7-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jeff Randall

New Address _____

Subscribed and sworn to before me this 7 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Caroline Middle ~~May~~ mae Last Comeford

Date of Birth: Month 5 Day 8 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 5 Sherry Lyn. City B'burg. County ~~B'burg~~ State

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father John H. Comeford
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Deanna L. Sain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Caroline Comeford Date 5-7-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Caroline Comeford

New Address _____

Subscribed and sworn to before me this 7 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-7-91 *, authorizing the marriage of* Jeffrey A. Randall *and* Caroline M. Comeford *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Daniel B. Donottoo *(name), certify that on* 6-1-91 *(date), at* Brrownsburg *in* Indiana *County, Indiana,* Jeffrey A. Randall *of* Caine *County* Illinois *(state), and* Caroline M. Comeford *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* 6-1-91 *. Signed by:* /s/ Rev. Daniel B. Donottoo *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 176

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 ☒ Yes ☐
If No, Medical Examination or Report Dated 5-1-91
Name of Physician Medical Laboratory - (Shipman)

MALE APPLICANT

Name: First Andrew Middle R. Last Carpenter
Date of Birth: Month 12 Day 14 Year 56
Place of Birth (State or foreign country): Indianapolis, In.
Residence Address: Street or R.R. 4804 Bramhall Ct. City Plainfield County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-87
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Justin Andrew Carpenter, Craig Allen Carpenter
6. (a) Full name of applicant's father Melvin Thomas Carpenter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Marjorie J. Holland
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Andrew R. Carpenter Date 5-7-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Andrew R. Carpenter
New Address Same
Subscribed and sworn to before me this 7th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Gina Middle L. Last Freije
Date of Birth: Month 3 Day 21 Year 60
Place of Birth (State or foreign country): Indianapolis, IN
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua Warren, Jeremy Warren, Ashley Freije, Marquis Freije
6. (a) Full name of applicant's father Wilbur Glenn Nevers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Eunice Pearl Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Gina L Freije Date 5-7-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Gina L Freije
New Address _____
Subscribed and sworn to before me this 7th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-7-91 *, authorizing the marriage of* Andrew R. Carpenter *and* Gina L. Freiji *. I further certify that the following marriage certificate was filed in my office: I,* Charles E. Chestnut *(name), certify that on* 6-8-91 *(date), at* Avon/Plainfield *in* Hendricks *County, Indiana,* Andrew R. Carpenter *of* Marion *County* Indiana *(state), and* Gina L. Freiji *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* 6-8-91 *. Signed by:* /s/ Charles E. Chestnut *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 177

HENDRICKS 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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First James Middle L. Last Turner

Date of Birth: Month 6 Day 2 Year 19

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. 509 School St. City B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 12-1990

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father John Calvin Turner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Nellie Maude Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James L. Turner Date 5/7/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed James L. Turner
New Address 509 S. School St

Subscribed and sworn to before me this 7 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Virginia Middle D. Last Turner

Date of Birth: Month 6 Day 3 Year 24

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. 70 Cedar Row City Dr. B'burg County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1-8-68

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Herschel Shelby Overton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) TN or KY
   (b) Full maiden name of applicant's mother Bertha Annabelle Howard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Virginia D. Turner Date 5/7/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Virginia D. Turner
New Address 509 So. School St.

Subscribed and sworn to before me this 7 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-7-91 *, authorizing the marriage of* JAMES L. TURNER *and* VIRGINIA D. TURNER *. I further certify that the following marriage certificate was filed in my office: I,* H. DEAN WARREN *(name), certify that on* 5-18-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* JAMES L. TURNER *of* HENDRICKS *County* INDIANA *(state), and* VIRGINA D. TURNER *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* 5-7-91 *. Signed by:* /s/ H. DEAN WARREN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 178

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 ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Wm Edwards

MALE APPLICANT

Name First William Middle H. Last Book

Date of Birth Month Nov Day 19 Year 1956

Place of Birth (State or foreign country) Ind.

Residence Address 231 Avon Ave Street or R.R. Apt 1 City Plainfield County Ha. State Ind.

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) Dr. License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert M. Book
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Carmel, In.
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Ellen Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ind. Pa. Co.
   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 X William H. Book Date 5/7/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X William H. Book

New Address 874 E. Jessup Plainfield, IN

Subscribed and sworn to before me this 7th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name First Karen Middle L. Last Cervo

Date of Birth Month Aug Day 30 Year 1955

Place of Birth (State or foreign country) Ind.

Residence Address 874 Street or R.R. Jessup Rd City Plainfield County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Dr License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Nicole Cervo
   Angela Cervo

6. (a) Full name of applicant's father George Mayo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Brownsburg, In.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Sharon Brady
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Karen Lee Cervo Date 5/7/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Karen Lee Cervo

New Address 874 E. Jessup Plfd, IN

Subscribed and sworn to before me this 7th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-7-91 *, authorizing the marriage of* WILLIAM H. BOOK *and* KAREN MAYO CERVO *. 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), at* INDIANAPOLIS *in* MARION *County, Indiana,* WILLIAM HENRY BOOK *of* HENDRICKS *County* INDIANA *(state), and* KAREN MAYO CERVO *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* 5-25-91 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 179

HENDRICKS 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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Michael Chitwood, M.D.

MALE APPLICANT

Name: First *David* Middle *Franz* Last *Layer*

Date of Birth: Month 2 Day 11 Year 1964

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *318 N. Vine St.* City *Plainfield* County *Hendricks* State *Indiana*

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 License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 *Franz Edward Layer*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Deceased*
   Birthplace of father (State or foreign country) *Germany*
   (b) Full maiden name of applicant's mother *Edna Rose Hubel*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Deceased*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X *David Layer* Date *5-7-91*

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X *David Layer*
New Address _____
Subscribed and sworn to before me this *7* day of *May*, 19 *91*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First *Sherrie* Middle *Lea* Last *Jackson*

Date of Birth: Month 1 Day 7 Year 1965

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *318 N. Vine St.* City *Plainfield* County *Hendricks* State *Indiana*

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages *1*

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date *1988*

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) *Drivers License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. *Crystal L. Jackson, Joshua R. Jackson, Macy L. Jackson*

6. (a) Full name of applicant's father *Willis E. Dugger*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Florida*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Audrey Charlene Short*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X *Sherrie Jackson* Date *5-7-91*

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X *Sherrie Jackson*
New Address _____
Subscribed and sworn to before me this *7* day of *May*, 19 *91*
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 5-7-91 *, authorizing the marriage of* David Franz Layer *and* Sherrie Lea Jackson *. I further certify that the following marriage certificate was filed in my office: I,* Albert H. Holzbauer *(name), certify that on* 6-22-91 *(date), at* Franklin Memorial *in* Johnson *County, Indiana,* _____
David Franz Layer *of* Hendricks *County* Indiana *(state), and* _____
Sherrie Lea Johnson *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* 5-7-91 .
Signed by: /s/ Albert H. Holzbauer , Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 180

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician J. Johnson, M.D.

MALE APPLICANT

Name: First Letchard Middle Craig Last Maners

Date of Birth: Month 9 Day 01 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1054 E. Clifford City Brownsburg County Hendricks State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Letchard Curtis Maners
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Iva Carol Carpenter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Letchard Craig Maners Date 5-7-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Letchard Craig Maners
New Address 812 Broken Bow Dr, Apt 715 Indianapolis IN 46214

Subscribed and sworn to before me this 7 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Rachel Middle Sue Last Need

Date of Birth: Month 2 Day 05 Year 1969

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 812 Broken Bow Dr, Apt 715 City Indianapolis County Marion State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Norman Douglas Need
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Blanche Elizabeth Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Rachel Sue Need Date 5-7-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Rachel Sue Need
New Address Same

Subscribed and sworn to before me this 7 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-7-91 *, authorizing the marriage of* Letchard Craig Maners *and* Rachel Sue Need *. I further certify that the following marriage certificate was filed in my office: I,* Merle A. Need *(name), certify that on* 6-1-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Letchard Craig Maners *of* Hendricks *County* Indiana *(state), and* Rachel Sue Need *of* Morgan *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* 6-1-91 *. Signed by:* /s/ Merle A. Need *,* Preacher *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 181

HENDRICKS County

File

5.8.91
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. Adams

MALE APPLICANT

Name: First Don Middle Thilo Last Perkinson Jr.

Date of Birth: Month 3 Day 16 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3950 N. 1000 E Apt. 110 City B'burg County State

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) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Don Thilo Perkinson Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Lou Hale Lynn Harden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Don T. Perkinson Jr. Date 5-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Don T. Perkinson Jr.

New Address _____

Subscribed and sworn to before me this 8 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Diana Middle Lynne Last Roth

Date of Birth: Month 12 Day 25 Year 62

Place of Birth (State or foreign country) MD

Residence Address: Street or R.R. ← Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3.91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Carol Ann Gray
   Joshua Lee Gray, Stacie Lynn Gray

6. (a) Full name of applicant's father Harold Eugene Roth
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patricia Ann Thomas
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Diana L Roth Date 5-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Diana L. Roth

New Address _____

Subscribed and sworn to before me this 8 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-91 *, 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 *(name), certify that on* 5-18-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DON T. PERKINSON, JR *of* HENDRICKS *County* INDIANA *(state), and* DIANA L. ROTH *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* 5-18-91 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 182

HENDRICKS County

File

5-8-91
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 R. Stegemoller M.D.

MALE APPLICANT

Name: First Gary Middle Norman Last Stettler

Date of Birth: Month 2 Day 11 Year 1964

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 19 Martin Dr. City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Paul Norman Stettler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Unknown
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Ofa NMI Boyd
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Tennessee

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Gary N Stettler Date 5-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Gary N Stettler

New Address _____

Subscribed and sworn to before me this 8 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kimberly Middle Ann Last Morgan

Date of Birth: Month 4 Day 05 Year 1965

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 24 E. Edgewood Dr. City Danville County Hendricks State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Paul Michael Morgan
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carol Ann Jones
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kimberly A. Morgan Date 5-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kimberly A Morgan

New Address _____

Subscribed and sworn to before me this 8 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-91 *, authorizing the marriage of* Gary Norman Stettler *and* Kimberly Ann Morgan *. I further certify that the following marriage certificate was filed in my office: I,* Joel R. Vogel *(name), certify that on* 5-18-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* GARY NORMAN STETTLER *of* HENDRICKS *County* INDIANA *(state), and* KIMBERLY ANN MORGAN *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* 5-18-91 *. Signed by:* /s/ JOEL R. VOGEL *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-23-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 183

HENDRICKS County

File

5-8-91
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 Dr. Norman Fogle

MALE APPLICANT

Name: First Darrell Middle Lynn Last Knauss

Date of Birth: Month Nov. Day 28 Year 1967

Place of Birth (State or foreign country) Ind

Residence Address: 10517 Street or R.R. Comby Rd City Indpls. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Wesley Knauss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls, In.
   Birthplace of father (State or foreign country) In
   (b) Full maiden name of applicant's mother Evelyn Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plainfield
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Darrell Knauss Date 5-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Darrell Knauss
New Address 10517 Comby Rd Indpls, In. 46231

Subscribed and sworn to before me this 8th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Annette Middle Lee Last Strube

Date of Birth: Month May Day 26 Year 1970

Place of Birth (State or foreign country) New Mexico

Residence Address: 9705 Street or R.R. N. Alexander Dr. City Fishers County State In.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Gene C. Strube
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bellingham, Wa
   Birthplace of father (State or foreign country) Wa.
   (b) Full maiden name of applicant's mother Adele A. Matson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Fishers, In.
   Birthplace of mother (State or foreign country) Montana.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ✗ Annette Strube Date 5-8-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ✗ Annette Strube
New Address 10517 Comby Rd Indpls IN 46231

Subscribed and sworn to before me this 8th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-8-91 *, authorizing the marriage of* Darrell Lynn Knauss *and* Annette Lee Strube *. I further certify that the following marriage certificate was filed in my office: I,* Rev. A. Allie Diehl *(name), certify that on* 6-2-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Darrell Lynn Knauss *of* Hendricks *County* Indiana *(state), and* Annette Lee Strube *of* Hamilton *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* 6-2-91 *. Signed by:* /s/ Rev. Alberta Allie Diehl *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-7-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 184

File

5-9-91 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 Family Doctors of Plainfield

MALE APPLICANT

Name: First Alvin Middle G Last Maessner

Date of Birth: Month 3 Day 22 Year 26

Place of Birth (State or foreign country) Ashley, North Dakota

Residence Address: Street or R.R. R.3 Box 374 City Clayton County IN State 46118

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 John Maessner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased North Dakota
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Katheline Lux
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country)

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Alvin G. Maessner Date 5-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Alvin G. Maessner
New Address RH3 Box 324 Clayton Ind 46118

Subscribed and sworn to before me this 9th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lola Middle J Last Maessner

Date of Birth: Month 1 Day 10 Year 42

Place of Birth (State or foreign country) Caraway, Arkansas

Residence Address: Street or R.R. ← Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Frank J. Stone
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Arkansas Deceased
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Zora I. Casey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Arkansas Deceased
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Lola J. Maessner Date 5-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Lola J. Maessner
New Address RR 3 Box 374 Clayton, IN 46118

Subscribed and sworn to before me this 9th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-91 *, authorizing the marriage of* ALVIN G. MAESSNER *and* LOLA J. MAESSNER *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* MAY 14th, 1991 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* ALVIN G. MAESSNER *of* HENDRICKS *County* IN *(state), and* LOLA J. MAESSNER *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-14-91 *. 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* 5-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 185

HENDRICKS County

File

5-9-91
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 Dr. Troyer, M.D.

MALE APPLICANT

Name: First John Middle Taylor Last Shearer

Date of Birth: Month 8 Day 01 Year 1936

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R.R. RR 2, Box 453-A City Clayton County Hendricks State Indiana

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 ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Taylor Nmn Shearer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Kentucky
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Nettie E. Clark
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John T Shearer Date 5-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John T Shearer

New Address

Subscribed and sworn to before me this 9 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Martha Middle Carol Last Pogue

Date of Birth: Month 9 Day 15 Year 1947

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. HCR 32, Box 245 City Rolla County Phelps State Missouri

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Vernon K. Shaffer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Missouri
   (b) Full maiden name of applicant's mother Lavella T. Gallion
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Oklahoma

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Martha Carol Pogue Date 5-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Martha Carol Pogue

New Address

Subscribed and sworn to before me this 9 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-91 *, authorizing the marriage of* John Taylor Shearer *and* Martha Carol Pogue *. I further certify that the following marriage certificate was filed in my office: I,* Stevan W. Ranson *(name), certify that on* 5-9-91 *(date), at* Clayton *in* Hendricks *County, Indiana,* John T. Shearer *of* Hendricks *County* Indiana *(state), and* Martha Carol Pogue *of* Phelps *County* Missouri *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-9-91 *. Signed by:* /s/ Stevan W. Ranson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-13-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 186

HENDRICKS County

File

5-9-91
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

Name: First Eric Middle Robert Last Hess

Date of Birth: Month 7 Day 31 Year 62

Place of Birth (State or foreign country) NY

Residence Address: Street or R.R. 513 W. Co. Rd. 200 S. City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10.8.90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Robert C. Hess
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Key West FL
   Birthplace of father (State or foreign country) NY
   (b) Full maiden name of applicant's mother Dorothy A. Reese
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls. IN
   Birthplace of mother (State or foreign country) NY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Eric Robert Hess Date 5/9/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Eric Robert Hess

New Address

Subscribed and sworn to before me this 9 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Susanne Last ~~King~~ King

Date of Birth: Month 7 Day 17 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-9-90

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Malcolm W. Mitchell Jr.
   (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 Marilyn S. Mitchell Morgan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Connersville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lori M. King Date 5/9/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lori M. King

New Address

Subscribed and sworn to before me this 9 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-91 *, authorizing the marriage of* ERIC R. HESS *and* LORI S. KING *. 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 *County* IN *(state), and* LORI S. KING *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-9-91 *. Signed by:* /s/ GENE YOUNG *,* PASTOR *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-14-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 187

File

5-9-91
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 David Hadley

MALE APPLICANT

Name: First William Middle Joseph Last Rapp
Date of Birth: Month 5 Day 14 Year 39
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 10403 White Oak Dr. City Carmel County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-11-91
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Edward Rapp
   (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 Lucille Magdalena Lendt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Evansville, IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X William J Rapp Date 5-9-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X William J Rapp
New Address 121 Contintal Dr Mooresville
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jane Middle Ellen Last Finchum
Date of Birth: Month 9 Day 7 Year 43
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 121 Continental Dr. City Mooresville County Hend. Co. State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-8-90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Liv.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Laurence Stamper
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Ruth Schleman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Jane E. Finchum Date 5-9-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Jane E. Finchum
New Address 121 Continental Dr., Mooresville
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-91 *, authorizing the marriage of* William J. Rapp *and* Jane Ellen Fincham *. I further certify that the following marriage certificate was filed in my office: I,* Thomas C. Kuhn *(name), certify that on* 6-12-91 *(date), at* Fishers *in* Indiana *County, Indiana,* William J. Rapp *of* Hamilton *County* Indiana *(state), and* Jane Ellen Fincham *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* 6-8-91 *. Signed by:* /s/ Thomas C. Kuhn *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 188

File

5-9-91
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 Robert D. Mills, M.D.

MALE APPLICANT

Name: First Steven Middle Lee Last Gipson

Date of Birth: Month 1 Day 24 Year 1967

Place of Birth (State or foreign country) Indiana

Residence Address: 302 Ladoga Ave, Street or R.R. North Salem City, County Hendricks, State Indiana

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) Driver's Lisense

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Vernal Lee Gipson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Carmen A. Parr
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Steven L Gipson Date 5-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Steven L Gipson

New Address _____

Subscribed and sworn to before me this 9 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lee Middle Alice Last Davidson

Date of Birth: Month 4 Day 07 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: 302 Ladoga Ave, Street or R.R. North Salem City, County Hendricks, State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Darrell K. Davidson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Geneva J. Wright
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lee Alice Davidson Date 5-9-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lee Alice Davidson

New Address _____

Subscribed and sworn to before me this 9 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-91 *, authorizing the marriage of* Steven Lee Gipson *and* Lee Alice Davidson *. I further certify that the following marriage certificate was filed in my office: I,* Roland Phillips *(name), certify that on* 6-8-91 *(date), at* North Salem *in* Hendricks *County, Indiana,* Steven Lee Gipson *of* Hendricks *County* Indiana *(state), and* Lee Alice Davidson *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* 6-8-91 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 189

File

5-9-91
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 Mary Hinkle

MALE APPLICANT

Name: First Phillip Middle Allen Last Smith

Date of Birth: Month 10 Day 8 Year 64

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2110 Waverly Dr. W. City Indpls. County State

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) Dr. Rje.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Donald E. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Elizabeth Patterson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Sage
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Phillip A. Smith Date 5/9/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Phillip A. Smith

New Address _____

Subscribed and sworn to before me this 9 day of May 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kelli Middle Sue Last Sensor

Date of Birth: Month 9 Day 5 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

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) Dr. Rje.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Mary Sensor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ?
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Donna McAlexander
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kelli Sue Sensor Date 5/9/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kelli Sue Sensor

New Address _____

Subscribed and sworn to before me this 9 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-9-91 *, authorizing the marriage of* Phillip A. Smith *and* Kelli S. Sensor *. I further certify that the following marriage certificate was filed in my office: I,* Pastor Kevin L. Bomar *(name), certify that on* 6-8-91 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* Phillip A. Smith *of* Hendricks *County* Indiana *(state), and* Kelli S. Sensor *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* 6-8-91 *. Signed by:* /s/ Kevin L. Bomar *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 190

File

5-10 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 ☐
If No, Medical Examination or Report Dated 5-6 91
Name of Physician Collicat

MALE APPLICANT

Name: First David Middle Brian Last Sheets
Date of Birth: Month Aug Day 8- Year 1957
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 270 avon Ave City apt 2 plfd County Hendricks State IN
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) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☑
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Albert N. Sheets
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cal.
   Birthplace of father (State or foreign country) Ind ?
   (b) Full maiden name of applicant's mother Jean K. Gant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Cal.
   Birthplace of mother (State or foreign country) Ind ?

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant David B. Sheets Date 5/10/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
Signed David B. Sheets
New Address 270 AVON AVE APT #2, PLAINFIELD, IN.
Subscribed and sworn to before me this 10 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given 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) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Elaine Middle Kay Last Nelson
Date of Birth: Month Nov. Day 6 Year 1960
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 270 Avon Ave. apt 2 - plfd. City Hendricks County State In.
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) Dr Lee

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father William Wesley Goins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Tenn.
   (b) Full maiden name of applicant's mother Ada Leslie Cottingim
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Elaine K. Nelson Date 5-10-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
Signed Elaine K. Nelson
New Address 270 Avon Ave #2 Plainfield, In 46168
Subscribed and sworn to before me this 10 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

I swear/affirm that the information given 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) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-91 10 91 *, authorizing the marriage of* DAVID BRIAN SHEETS *and* ELAINE KAY NELSON *. I further certify that the following marriage certificate was filed in my office: I,* CARL AKARD RILEY *(name), certify that on* 5-17-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* DAVID BRIAN SHEETS *of* HENDRICKS *County* INDIANA *(state), and* ELAINE KAY NELSON *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* 5-17-91 *. Signed by:* /s/ CARL AKARD RILEY *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 191

File

5-10-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician Joseph Thompson

MALE APPLICANT

Name: First Jeremy; Middle Blaine; Last Cones

Date of Birth: Month 2; Day 14; Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 245 N. Vine Apt 13; City Plfd.; County ; State Ind.

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) Dr. Fife.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Richard Harold Cones
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd. Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Eva Hopkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lafayette IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jeremy B. Cones Date 5-10-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jeremy B. Cones
New Address

Subscribed and sworn to before me this 10th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Katrina; Middle Faith; Last Tansy

Date of Birth: Month 4; Day 20; Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. S W Summit/Main Box 36; City Cartersburg; County ; State

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) Dr. Fife.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 John Edward Tansy
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Cartersburg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Judith Forgie
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Katrina F. Tansy Date 5-10-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Katrina F. Tansy
New Address

Subscribed and sworn to before me this 10th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-91 *, 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 *(date), at* CARTERSBURG *in* HENDRICKS *County, Indiana,* JEREMY B. CONES *of* HENDRICKS *County* INDIANA *(state), and* KATRINA F. TANSY *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* 5-18-91 *. Signed by:* /s/ E. J. STEINERT *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-28-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 192

File

5.10.91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician K. Breeden

MALE APPLICANT

Name: First John Middle Jay Last Pedigo
Date of Birth: Month 5 Day 25 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 5084 Greenbriar Way City Plfd. County State
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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Howard K. Pedigo
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd. IN
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Doris Dean Mullins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X John J. Pedigo Date 5/10/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X John J. Pedigo
New Address 532 LAWNDALE, PLFD, IN
Subscribed and sworn to before me this 10 day of MAY, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Ann Last Thompson
Date of Birth: Month 7 Day 31 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 1710 Hentzer Ln. City Plfd. County State
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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Donald John Thompson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plfd. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Priscilla Mae Wells
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Cynthia A. Thompson Date 5/10/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Cynthia A. Thompson
New Address 532 Lawndale, Plfd, IN.
Subscribed and sworn to before me this 10 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-91 *, authorizing the marriage of* John J. Pedigo *and* Cynthia A. Thompson *. I further certify that the following marriage certificate was filed in my office: I,* Stephen White *(name), certify that on* 6-1-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* John J. Pedigo *of* Hendricks *County* Indiana *(state), and* Cynthia A. Thompson *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* 6-1-91 *. Signed by:* /s/ Stephen White *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-17-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 193

HENDRICKS County

File

5-10-91
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 ☐
If No, Medical Examination or Report Dated
Name of Physician J. Thompson

MALE APPLICANT

Name: First Robert Middle Eugene Last Russell Jr.

Date of Birth: Month 3 Day 24 Year 60

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 760 Lincoln St. City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-85

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joseph Anthony Russell
6. (a) Full name of applicant's father Robert E. Russell Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Mary G. Tucker
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Martinsville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert E. Russell Date 5/10/91

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert E. Russell
New Address 760 LINCOLN ST. DANVILLE IN 46122

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Regina Middle Lee Last Roberts

Date of Birth: Month 1 Day 14 Year 63

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR1 Box 171A City Paragon County State IN

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Ralph R. Roberts
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bklyn IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Joyce A. Holley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Regina Roberts Date 5/10/91

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Regina Roberts
New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-10-91 *, authorizing the marriage of* ROBERT E. RUSSELL, JR. *and* REGINA L. ROBERTS *. I further certify that the following marriage certificate was filed in my office: I,* RONALD L. PARKER *(name), certify that on* 5-25-91 *(date), at* BLOOMINGTON *in* MONROE *County, Indiana,* ROBERT E. RUSSELL, JR *of* HENDRICKS *County* INDIANA *(state), and* REGINA L. ROBERTS *of* MORGAN *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* 5-25-91 *. Signed by:* /s/ Ronald L. Parker *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-29-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 194

HENDRICKS 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 ☐ Yes ☐
If No, Medical Examination or Report Dated 5-8-91
Name of Physician Dr. Smaka, M.D.

MALE APPLICANT

Name: First Michael Middle K. Last Burton
Date of Birth: Month 7 Day 10 Year 69
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address: Street or R.R. 919 Walton Dr. City Plainfield County Hendricks State IN
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Benjamin C. Burton
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Debra L. Dawes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 5/13/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address 919 Walton Dr.
Subscribed and sworn to before me this 13th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melinda Middle M. Last Shalley
Date of Birth: Month 10 Day 19 Year 70
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address: Street or R.R. 6061 Fremont Dr. City Borgersville County Johnson State IN
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Larry Wayne Shalley
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Janet Sue Burns
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X [signature] Date 5-13-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X [signature]
New Address _____
Subscribed and sworn to before me this 13th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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* Michael K. Burton *and* Melinda M. Shalley *. I further certify that the following marriage certificate was filed in my office: I,* Stephen Kern *(name), certify that on* 5-18-91 *(date), at* 3:30 P.M. *in* Johnson *County, Indiana,* Michael Keith Burton *of* Hendricks *County* Indiana *(state), and* Melinda Michelle Shalley *of* Johnson *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* 5-19-91 *. Signed by:* /s/ Stephen H. Kern *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-30-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 195

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 ☑ Yes ☐
If No, Medical Examination or Report Dated 5-13-91
Name of Physician Dr. Edwards, MD.

MALE APPLICANT

Name: First Kenneth Middle T Last Laney

Date of Birth: Month 6 Day 3 Year 63

Place of Birth (State or foreign country) Indianapolis, IN

Residence Address: Street or R.R. 904 E. Jessup Rd. City Pittsfield County Hendricks State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Michael Lee Laney, Dustin Todd Laney
6. (a) Full name of applicant's father Charles B. Laney
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Mildred Groves
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kenneth T. Laney Date 5-13-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kenneth T. Laney
New Address Same

Subscribed and sworn to before me this 13 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kellie Middle L. Last Armstrong

Date of Birth: Month 8 Day 10 Year 70

Place of Birth (State or foreign country) Indianapolis, In.

Residence Address: Street or R.R. 5605 Crystal Bay W. Dr. City Pittsfield County Hendricks State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua Andrew Armstrong
6. (a) Full name of applicant's father Leslie Armstrong
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Florida
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary S. Campbell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kellie Armstrong Date 5-13-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kellie Armstrong
New Address _____

Subscribed and sworn to before me this 13 the day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 *and* 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 *in* HENDRICKS *County, Indiana,* KENNETH T. LANEY *of* HENDRICKS *County* IN *(state), and* KELLIE L. ARMSTRONG *of* HENDRICKS *County* IN *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-13-91 *. 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* 5-13-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196

File

5-14-91
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 5-10-91
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name: First Robert Middle T Last Cloncs

Date of Birth: Month 2 Day 12 Year 67

Place of Birth (State or foreign country) Danville, Indiana

Residence Address: Street or R.R. 2832 Mission Hills Ln. City Indpls. County Marion State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Robert Willis Cloncs
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Susan Jane Travis
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert Todd Cloncs 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert Todd Cloncs
New Address Same

Subscribed and sworn to before me this 14th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle L. Last Langdon

Date of Birth: Month 12 Day 10 Year 69

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R.R. 25 Suburban Dr. City Danville, County Hendricks, State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Allen Langdon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Penelope Sue Wingler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tina L. Langdon 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tina L. Langdon
New Address _____

Subscribed and sworn to before me this 14th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-91 *, authorizing the marriage of* Robert Todd Cloncs *and* Tina L. Langson *. I further certify that the following marriage certificate was filed in my office: I,* Andrew J. Simkins *(name), certify that on* 6-15-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Robert Todd Cloncs *of* Marion *County* Indiana *(state), and* Tina L. Langdon *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* 6-15-91 *. Signed by:* /s/ Andrew J. Simkins *,* Minister *(official designation) 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*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 197

HENDRICKS County

File

5-14-91
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 Wm. Wilkison

MALE APPLICANT

Name: First John Middle Wayne Last Whitlow

Date of Birth: Month 6 Day 7 Year 52

Place of Birth (State or foreign country) KY

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-82

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ernest P. Whitlow, Jr. Damon Adam Whitlow
6. (a) Full name of applicant's father Ernest P. Whitlow
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Scottsville KY
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Elizabeth C. Dillard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X John W. Whitlow 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X John W. Whitlow

New Address

Subscribed and sworn to before me this 14 day of May, 19 91

Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Melody Middle Ann Last Rohrman

Date of Birth: Month 5 Day 21 Year 59

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 241 N. Washington City Danville County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-1889

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Wm. A. Rohrman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Wadsworth, Ill
   Birthplace of father (State or foreign country) CA
   (b) Full maiden name of applicant's mother Patricia J. Alley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lapels IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Melody A. Rohrman 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Melody A. Rohrman

New Address

Subscribed and sworn to before me this 14 day of May, 19 91

Connie Spencer Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-91 *, authorizing the marriage of* JOHN W. WHITLOW *and* MELODY A. RORHMAN *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 5-21-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOHN W. WHITLOW *of* HENDRICKS *County* INDIANA *(state), and* 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 on* 5-21-91 *(date).*

Signed Connie Spencer *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 198

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 Mark Gentry

MALE APPLICANT

Name: First Ronald Middle E. Last Shoemaker

Date of Birth: Month 7 Day 24 Year 64

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 115 Sheila Dr. City Brownsburg County Hendricks State IN 46112

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Harvey E. Shoemaker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ill
   (b) Full maiden name of applicant's mother Joanne Sudduth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ill

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Ronald E Shoemaker 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Ronald E Shoemaker

New Address _____

Subscribed and sworn to before me this 14th day May, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Kimberlie Middle A. Last Gilbert

Date of Birth: Month 1 Day 14 Year 59

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 310 W. North City Plainfield County Hendricks State IN 46168

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amber Joy Gilbert, Abigail Lauren Gilbert
6. (a) Full name of applicant's father Edward B. Estes
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Patricia Ann Longmire
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Kimberlie A. Gilbert 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.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Kimberlie A. Gilbert

New Address _____

Subscribed and sworn to before me this 14th day of May, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-2-91 *, authorizing the marriage of* Ronald E. Shoemaker *and* Kimberlie A. Gilbert *. I further certify that the following marriage certificate was filed in my office: I,* James D. Cain *(name), certify that on* 7-20-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Ronald E. Shoemaker *of* Hendricks *County* Indiana *(state), and* Kimberlie A. Gilbert *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-20-91 *.*
Signed by: /s/ James D. Cain *,* Minister *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 199

File

5-14-91
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 5-20-85
Name of Physician Dr. J. Scott Deasy

MALE APPLICANT

Name: First James Middle R. Last Russell
Date of Birth: Month 9 Day 15 Year 66
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. 15 W. Vermont St. City Brownsburg County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jessica Ann Russell
6. (a) Full name of applicant's father James Riley Russell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) New Jersey
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sharon Ann Shostrand
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) New Jersey
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X James R Russell 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X James R Russell
New Address Same
Subscribed and sworn to before me this 14th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Mike Middle C B Last Mutter
Date of Birth: Month 10 Day 18 Year 47
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date ?-85
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. none
6. (a) Full name of applicant's father James Scott Waddell
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Lois Ina Weintraut
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Mike Mutter 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.
Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Mike Mutter
New Address _____
Subscribed and sworn to before me this 14th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-14-91 *, authorizing the marriage of* _____ *and* _____ *. I further certify that the following marriage certificate was filed in my office: I,* _____ *(name), certify that on* _____ *(date), at* _____ *in* _____ *County, Indiana,* _____ *of* _____ *County* _____ *(state), and* _____ *of* _____ *County* _____ *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* _____. *Signed by:* _____ *,* _____ *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* _____ *(date).*

Signed _____ *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 200 ~~199~~

HENDRICKS County

File

5-15-91
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. Gilkerson, M.D.

MALE APPLICANT

Name: First Michael Middle Ivan Last Myers Jr.

Date of Birth: Month 5 Day 14 Year 66

Place of Birth (State or foreign country) IN

Residence Address: 258 Street or R.R. Ave City Ply County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-14-91

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Elizabeth Ann Marie Myers
6. (a) Full name of applicant's father Michael I. Myers Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Louise Richardson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael I Myers Jr. Date 5-15-91

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 5

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michael I Myers Jr.

New Address _____

Subscribed and sworn to before me this 15 day of May, 19 91

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kristy Middle Suzanne Last Myers

Date of Birth: Month 3 Day 5 Year 67

Place of Birth (State or foreign country) IN

Residence Address: Same Street or R.R. City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-14-91

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Same
6. (a) Full name of applicant's father Roy D. Kassman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) ~~Ply~~ Morgantown IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carolyn S. Mahyon
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ply. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kristy S Myers Date 5/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kristy S Myers

New Address _____

Subscribed and sworn to before me this 15 day of May, 19 91

Connie Johnson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated _____, authorizing the marriage of _____ and _____. I further certify that the following marriage certificate was filed in my office: I, _____ (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated _____. Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).*

Signed _____ Clerk

HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201

File

5-15-91
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 R. B. Oldham, M.D.

MALE APPLICANT

Name: First Franklin Middle Wade Last Smoot

Date of Birth: Month 8 Day 18 Year 1955

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 396 E. Main St. Apt 3 City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1984

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Jennifer Lee Smoot, Jacob Wade Smoot
6. (a) Full name of applicant's father Raymond Lewis Smoot
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Iris Irene Witcher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) California
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Franklin Wade Smoot Date 5-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Franklin Wade Smoot

New Address _____

Subscribed and sworn to before me this 15 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Maurene Middle Kaye Last Rash

Date of Birth: Month 2 Day 22 Year 1960

Place of Birth (State or foreign country) North Dakota

Residence Address: Street or R.R. 396 E. Main St. Apt 3 City Danville County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Kelene Mont Rash
6. (a) Full name of applicant's father Richard Eldon Meinhardt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) North Dakota
   Birthplace of father (State or foreign country) North Dakota
   (b) Full maiden name of applicant's mother Marlene Faith Houle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Idaho
   Birthplace of mother (State or foreign country) North Dakota

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Maurene Kaye Rash Date 5-15-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Maurene Kaye Rash

New Address _____

Subscribed and sworn to before me this 15 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-15-91 *, authorizing the marriage of* FRANKLIN W. SMOOT *and* MAURENE K. RASH *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 5-15-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* FRANKLIN W. SMOOT *of* HENDRICKS *County* INDIANA *(state), and* MAURENE K. RASH *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* 5-15-91 *. 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* 5-15-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 202

File 5-15-91

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 Dr. Stegemoller

MALE APPLICANT

Name: First Lloyd Middle E. Last Wenger

Date of Birth: Month 5 Day 31 Year 35

Place of Birth (State or foreign country) Mountville, Penn.

Residence Address: Street or R.R. 1315 Holiday Lane City Brownsburg County State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kevin Wenger

6. (a) Full name of applicant's father Lloyd Wenger
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased Penn.
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Beba Hallman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Penn.
   Birthplace of mother (State or foreign country) Penn.

FEMALE APPLICANT

Name: First Patricia Middle S Last Lashbrook

Date of Birth: Month 9 Day 14 Year 46

Place of Birth (State or foreign country) Indpls Indiana

Residence Address: Street or R.R. 1150 N. Vinewood City Indpls County State In

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 William Thomas Wyne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Delores Jean Minor
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Lloyd E Wenger Date 5/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Lloyd E Wenger

New Address 1315 Holiday Lane W. Brownsburg

Subscribed and sworn to before me this 15th day of May, 1991

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Patricia S. Lashbrook Date 5/15/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Patricia S. Lashbrook

New Address 1315 Holiday Lane Brownsburg

Subscribed and sworn to before me this 15th day of May, 1991

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-15-91 *, authorizing the marriage of* LLOYD E. WENGER *and* PATRICIA S. LASHBROOK *. I further certify that the following marriage certificate was filed in my office: I,* ROGER L. DEAN *(name), certify that on* 5-29-91 *(date), at* INDIANAPOLIS *in* MARION *County, Indiana,* LLOYD E. WENGER *of* HENDRICKS *County* INDIANA *(state), and* PATRICIA S. LASHBROOK *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* 5-24-91 *. Signed by:* /s/ ROGER L. DEAN *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-29-91 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 203

HENDRICKS County

File

5-16-91
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 K. Maynard

MALE APPLICANT

Name: First Melvin Middle Eugene Last Landrum

Date of Birth: Month Nov Day 17 Year 1959

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 322 S. Green City Brownsburg County State

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) Dr-Eye.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Calvin Landrum
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Jamestown, In.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother America Parrish
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Melvin E Landrum Date 5-20-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Melvin E Landrum

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of *HENDRICKS*) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Janet Middle Kay Last McClung

Date of Birth: Month Apr. Day 15 Year 1968

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 322 S. Green City Brownsburg, In County State

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) Dr-Eyesight

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Franklin McClung
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro, In.
   Birthplace of father (State or foreign country) In.
   (b) Full maiden name of applicant's mother Dorothy Swain
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) In.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Janet McClung Date 5-16-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Janet McClung

New Address 322 S. Green St. Brownsburg, Ind. 46112

Subscribed and sworn to before me this 16 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-91 *, authorizing the marriage of* Melvin E. Landrum *and* Janet K. McClung *. I further certify that the following marriage certificate was filed in my office: I,* Harlan Kincade *(name), certify that on (date)* 6-22-91 *, at* Jamestown *in* Boone *County, Indiana,* Melvin E. Landrum *of* Hendricks *County* Indiana *(state), and* Janet K. McClung *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* 6-22-91 *. Signed by:* /s/ Harlan Kincade *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-25-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204

File 5-16-91

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 Dr. E. Clark

MALE APPLICANT

Name: First Joseph Middle A Last Lambert
Date of Birth: Month 1 Day 6 Year 63
Place of Birth (State or foreign country) Indpls, In
Residence Address: Street or R.R. 949 N. Center City S. Plainfield County In. State
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Ann Lambert, Joseph Lambert Jr.
6. (a) Full name of applicant's father Rolla L. Lambert
   (If adopted, list adoptive parents only) ~~Ohio~~
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ohio
   X (b) Full maiden name of applicant's mother Bessie R. Goger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Joseph A. Lambert Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Joseph A. Lambert
New Address

Subscribed and sworn to before me this 17 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Bobbie Middle A Last Denny
Date of Birth: Month 11 Day 11 Year 67
Place of Birth (State or foreign country) Indpls, In
Residence Address: Street or R.R. 949 N. Center City S. County Plainfield State In
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) Driver license

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jeremy Denny, Jason Denny
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) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Dorothy Jean Jackson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Bobbie Denny Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Bobbie Denny
New Address

Subscribed and sworn to before me this 16 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-91 *, authorizing the marriage of* JOSEPH A. LAMBERT *and* BOBBIE A. DENNY *. I further certify that the following marriage certificate was filed in my office: I,* DAVID H. COLEMAN *(name), certify that on* 5-17-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JOSEPH A. LAMBERT *of* HENDRICKS *County* INDIANA *(state), and* BOBBIE A. DENNY *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* 5-17-91 *. Signed by:* /s/ DAVID H. COLEMAN *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-17-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 205

HENDRICKS County

File

5·16·91
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 Joseph Thompson

MALE APPLICANT

Name: First James Middle Daniel Last Leaver § Jr.
Date of Birth: Month 11 Day 20 Year 67
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 613 W. Main City Pltd. County State
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) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father James D. Leaver Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Rebecca Sue Harrell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X James D. Leaver Jr. Date 5-16-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed James D. Leaver Jr.
New Address _____
Subscribed and sworn to before me this 16 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Melissa Middle Lee Last Baker
Date of Birth: Month 12 Day 5 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. ← Same City County State
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) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Philip L. Plaughe
   (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 Pamela Rose Baugh
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pltd. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Melissa L. Baker Date 5-16-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed Melissa L. Baker
New Address _____
Subscribed and sworn to before me this 16 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-91 *, authorizing the marriage of* JAMES D. LEAVER, JR *and* MELISSA L. BAKER *. 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 *in* MARION *County, Indiana,* JAMES D. LEAVER, JR *of* HENDRICKS *County* INDIANA *(state), and* MELISSA L. BAKER *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* 5-25-91 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 206

HENDRICKS County

File

Dec. Norman

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a 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 Wendell Middle Morris Last Mott

Date of Birth: Month 7 Day 19 Year 1965

Place of Birth (State or foreign country): Iowa

Residence Address: 7041 N. St. Rd. 75, Street or R.R. North Salem, City Hendricks, County State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Wendell Eric Mott
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Iowa
   Birthplace of father (State or foreign country) Mississippi
   (b) Full maiden name of applicant's mother Minnie Cora Warren
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mississippi
   Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Wendell Morris Mott Date 5-16-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Wendell Morris Mott

New Address

Subscribed and sworn to before me this 16 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Marie Last Conover

Date of Birth: Month 12 Day 30 Year 1970

Place of Birth (State or foreign country): Indiana

Residence Address: 224 W. Carter, Street or R.R. Plainfield, City Hendricks, County State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Earl Conover
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Bertha Greene Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Arkansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela Marie Conover Date 5-16-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Angela Marie Conover

New Address 7041 North State Rd. 75, North Salem, In 46165

Subscribed and sworn to before me this 16 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-16-91 *, authorizing the marriage of* WENDELL MORRIS MOTT *and* ANGELA MARIE CONOVER *. I further certify that the following marriage certificate was filed in my office: I,* HUBERT GREER *(name), certify that on* 6-1-91 *(date), at* PLAINFIELD *in* HENDRICKS *County, Indiana,* WENDELL MORRIS MOTT *of* HENDRICKS *County* INDIANA *(state), and* ANGELA MARIE CONOVER *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* 5-16-91 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 207

File

5-17-91
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 Jon Thomas

MALE APPLICANT

Name: First Jerry Middle Lynn Last White

Date of Birth: Month 8 Day 12 Year 69

Place of Birth (State or foreign country) Alabama

Residence Address: Street or R.R. 11225 W. Washington City Indpls. County State

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) Ind ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Kimberlyn Ryan White (SS# 418-27-9447) 3-8-91 (WIC Prog. Apl.)
6. (a) Full name of applicant's father Thomas Wayne White
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Hartselle Alabama
   Birthplace of father (State or foreign country) Alabama
   (b) Full maiden name of applicant's mother Kathy Diane Harrison
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Huntsville Alabama
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jerry L. White Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jerry L. White

New Address

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Rebel Middle Lea Last Jackson

Date of Birth: Month 11 Day 14 Year 74

Place of Birth (State or foreign country) TX

Residence Address: Street or R.R. 4540 Indn. Rd. City Plfd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. ← None
6. (a) Full name of applicant's father Harold Irvin Jackson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls IN
   Birthplace of father (State or foreign country)
   (b) Full maiden name of applicant's mother Lola Marlene Lyman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd. IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rebel L. Jackson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Rebel L. Jackson

New Address

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother X Lela Craven ID # Custody Papers

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court, by written order issued Age Waiver and filed in Clerks Office, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-91 *, authorizing the marriage of* JERRY L. WHITE *and* REBEL L. JACKSON *. I further certify that the following marriage certificate was filed in my office: I,* DAVID H. COLEMAN *(name), certify that on* 5-20-91 *(date), at* DANVILLE *in* HENDRICKS *County, Indiana,* JERRY L. WHITE *of* MADISON *County* INDIANA *(state), and* REBEL L. JACKSON *of* MADISON *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* 5-20-91 *. Signed by:* /s/ DAVID H. COLEMAN *,* JUDGE *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-20-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208

File

May 17, 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 Cindy S. Brown MD

MALE APPLICANT

Name: First Bradley Middle J. Last Brooks

Date of Birth: Month Mar. Day 24 Year 1953

Place of Birth (State or foreign country): Terre Haute City Vigo County In. State

Residence Address: Street or R.R. 523 Southmore City Pltf. County Hend. State In.

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)

Amniocentesis

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Joseph V. Brooks
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Clinton, In.
   (b) Full maiden name of applicant's mother Alice P. Savio
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pltf. In.
   Birthplace of mother (State or foreign country) Clinton, 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 Bradley J. Brooks Date 5/17/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Bradley J. Brooks

New Address 523 Southmore ST. PLFD.

Subscribed and sworn to before me this 17 day of 5, 1991

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19____

_____ Clerk

FEMALE APPLICANT

Name: First Teresa Middle L. Last Glenn

Date of Birth: Month July Day 7 Year 1968

Place of Birth (State or foreign country): Marion Co. In.

Residence Address: Street or R.R. 7530 Pine Hollow City Indpls. County Indpls. State In.

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)

Amnio Clinic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Brittany Tangman
6. (a) Full name of applicant's father James Wallace Glenn
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) West Newton, In.
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother June Phillips
   (If adopted, list adoptive parents only) Indpls.
   Residence of mother (if deceased, so state)
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Teresa L. Glenn Date 5/17/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Teresa L. Glenn

New Address 523 Southmore Plfd.

Subscribed and sworn to before me this 17 day of 5, 19 91

Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-91 *, authorizing the marriage of* Bradley J. Brooks *and* Teresa L. Glenn *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Richard J. Roos *(name), certify that on* 5-17-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* _____ Bradley J. Brooks *of* Hendricks *County* Indiana *(state), and* _____ Teresa L. Glenn *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-17-91 *. Signed by:* /s/ Rev. Richard Roos *,* Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Dawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 209

File

5.17.91
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 Karen John

MALE APPLICANT

Name: First Scott Middle Allen Last Reynolds

Date of Birth: Month 4 Day 30 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 228 N. Main City Brownsburg County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Steven J. Reynolds
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Sharon J. Wagner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Scott Reynolds Date 5/17/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Scott Reynolds

New Address _____

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Gay Last Vescovi

Date of Birth: Month 1 Day 27 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR1 Box 223A City Pittsboro County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Christopher Raymond Vescovi
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) ~~Oregon~~ Montana
   (b) Full maiden name of applicant's mother Carol Sue Hughes
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pittsboro IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Angela G. Vescovi Date 5/17/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Angela Vescovi

New Address _____

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-91 *, authorizing the marriage of* Scott Allen Reynolds *and* Angela Gay Vescovi *. I further certify that the following marriage certificate was filed in my office: I,* Harold Leininger *(name), certify that on* 6-22-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Scott Allen Reynolds *of* Hendricks *County* Indiana *(state), and* Angela Gay Vescovi *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* 6-22-91 *. Signed by:* /s/ Harold L. Leininger, II *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-5-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210

File

5-17-91
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 Lisa Childers

MALE APPLICANT

Name: First David Middle W. Last Moll

Date of Birth: Month 9 Day 20 Year 57

Place of Birth (State or foreign country) VA

Residence Address: Street or R.R. 4945 Vantage Pt. City Plfd. County State

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) Dr. Ric.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Richard E. Moll
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Phyllis Jean Pearson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X David W. Moll Date 5-17-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X David W. Moll
New Address Same as above

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Kathryn Middle A. Last Springman

Date of Birth: Month 9 Day 3 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 2251 Rippling Way Ct. City D. County Indpls. State

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) Dr. Ric.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Donald O. Springman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Donna Jean Conner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Terre
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kathryn A Springman Date 5-17-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kathryn A Springman
New Address _____

Subscribed and sworn to before me this 17 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-17-91 *, authorizing the marriage of* David W. Moll *and* Kathryn A. Springman *. I further certify that the following marriage certificate was filed in my office: I,* Fr. Kent Biergans *(name), certify that on* 6-8-91 *(date), at* Terre Haute *in* Vigo *County, Indiana,* David W. Moll *of* Hendricks *County* Indiana *(state), and* Kathryn A. Springer *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-8-91 *. Signed by:* /s/ Fr. Kent Biergans *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 211

File

5-22-91
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 5-20-91
Name of Physician Dr. Joseph Tompson

MALE APPLICANT

Name: First Michael Middle J. Last Schreier
Date of Birth: Month 12 Day 15 Year 64
Place of Birth (State or foreign country) Danville, Indiana
Residence Address: Street or R.R. 30½ E. Main City Brownsburg County Hendricks State Indiana
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Robert Paul Schreier
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Wisc.
   (b) Full maiden name of applicant's mother Irene Watson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Michael J Schreier Date 5-22-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Michael J Schreier
New Address Same
Subscribed and sworn to before me this 22 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Tonya Middle Jean Last Norton
Date of Birth: Month 8 Day 4 Year 60
Place of Birth (State or foreign country) Indianapolis, IN
Residence Address: Street or R.R. Same City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 4-86
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Indiana ID Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Brandi Rose Norton
6. (a) Full name of applicant's father Darrell Bledsoe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) Penn.
   (b) Full maiden name of applicant's mother Joselyn Carlisle
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Tonya J. Norton Date 5-22-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Tonya J Norton
New Address _____
Subscribed and sworn to before me this 22 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-22-91 *, authorizing the marriage of* Michael J. Schreier *and* Tonya J. Norton *. I further certify that the following marriage certificate was filed in my office: I,* Thomas G. Brenton *(name), certify that on* 6-1-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Michael J. Schreier *of* Hendricks *County* Indiana *(state), and* Tonya J. Norton *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 _____. Signed by:* /s/ Thomas G. Brenton *,* Judge, Pro Tem *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212

File

5·22·91
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 Brad Sanders

MALE APPLICANT

Name: First Kurt Middle Daniel Last Schoen

Date of Birth: Month 4 Day Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 250 N. E. St. Apt. 304 City Pfd. County State

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Jack Kenneth Schoen
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pfd. Ind.
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Jaqueline Sue Norman
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kurt Daniel Schoen Date 5-22-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kurt Daniel Schoen
New Address 250 N. EAST ST Apt #305 PFD, IN

Subscribed and sworn to before me this 22 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Conni Middle Jo Last Kelley

Date of Birth: Month 1 Day 22 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1789 Je-to Lake W. Dr. City Danville County State

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) Dr. file.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father George Alan Kelley
   (If adopted, list adoptive parents only) Danville
   Residence of father (if deceased, so state) ~~Indpls~~ Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Rosemary Ann Ruth
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Connie Jo Kelley Date 5/22/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Connie Jo Kelley
New Address 250 N. East St, Apt. 305 Pfd, IN 46168

Subscribed and sworn to before me this 22 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-22-91 *, authorizing the marriage of* Kurt D. Schoen *and* Connie Jo Kelley *. I further certify that the following marriage certificate was filed in my office: I,* Ann Davidson *(name), certify that on* 6-15-91 *(date), at* Fairfield *in* Hendricks *County, Indiana,* Kurt D. Schoen *of* Hendricks *County* Indiana *(state), and* Connie J. Kelley *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* 6-17-91 *. Signed by:* /s/ Ann Davidson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213

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 Richard Middle Arlin Last Figg, Jr.
Date of Birth: Month June Day 23 Year 1968
Place of Birth (State or foreign country) Indianapolis, Marion Co. Indiana
Residence Address: Street or R.R. 10020 W. Morris St. City Indpls. County State In. 46231
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Richard Arlin Figg, Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Sue Ellen Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Richard A. Figg Jr. Date 5-23-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Richard A. Figg Jr.
New Address X
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Julie Middle Rae Last Keirns
Date of Birth: Month April Day 4 Year 1972
Place of Birth (State or foreign country) Newark, Licking Co. Ohio
Residence Address: Street or R.R. 152 N. Mill St. City Plainfield County State In. 46168
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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Gerald Lee Keirns
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Ohio
   Birthplace of father (State or foreign country) Ohio
   (b) Full maiden name of applicant's mother Laura Sue Harris
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Julie Rae Keirns Date 5-23-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Julie Rae Keirns
New Address X
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-91 *, authorizing the marriage of* Richard A. Figg, Jr. *and* Julie Rae Keirns *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Keith Robinson *(name), certify that on* 6-15-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Richard A. Figg, Jr. *of* Hendricks *County* Indiana *(state), and* Julie R. Keirns *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* 6-15-91 *. Signed by:* /s/ Rev. Keith Robinson *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-20-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 214

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician J. Hollin

MALE APPLICANT

Name: First Jason Middle Curtis Last Harris

Date of Birth: Month 1 Day 2 Year 69

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 3 Mary St. City Whiteland County State IN

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) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Curtis Ronald Harris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Whiteland IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carolyn Joyce Nimmers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jason C. Harris Date 5/23/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jason C. Harris

New Address _____

Subscribed and sworn to before me this 23 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Annette Middle Last Sugars

Date of Birth: Month 5 Day 9 Year 66

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 245 Crawford St. City Clayton County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rio.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Alicia, Steven + Anthony
6. (a) Full name of applicant's father George R. Tudor
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) MO
   (b) Full maiden name of applicant's mother Maxine Lee McGill
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) AR

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Annette Sugars Date 5/23/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Annette Sugars

New Address Same as above

Subscribed and sworn to before me this 23 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-91 *, authorizing the marriage of* JASON C. HARRIS *and* ANNETTE SUGARS *. I further certify that the following marriage certificate was filed in my office: I,* JAMES R. DEVNEY *(name), certify that on* 5-25-91 *(date), at* WHITELAND *in* JOHNSON *County, Indiana,* JASON C. HARRIS *of* JOHNSON *County* INDIANA *(state), and* ANNETTE SUGARS *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* 5-25-91 *. 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 Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 215

HENDRICKS 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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Harris

MALE APPLICANT

Name: First Zelmer; Middle Edd; Last Daugherty II

Date of Birth: Month 9; Day 24; Year 70

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. P.O Bx 298; City New Palestine; County Hancock; State In

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)

Dr Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Zelmer Edd Daugherty
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Karen Gail Dearendro
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Zelmer Daugherty II Date 5-23-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Zelmer Daugherty II
New Address R.R.1 Box 538 Lot 15

Subscribed and sworn to before me this 23 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Denise; Middle Lynn; Last Boles

Date of Birth: Month 5; Day 12; Year 70

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 11030 Reeves Rd; City Indpls; County Hancock; State Ind

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)

Dr Lic

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Allen Boles
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Lynn L. Lering
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Cali

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Denise L. Boles Date 5-23-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Denise L Boles
New Address R.R.1 Box 538 Lot #15 County

Subscribed and sworn to before me this 23 day of May 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-91 *, authorizing the marriage of* Zelmer Edd Daugherty, II *and* Denise Lynn Boles *. 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 *County* Indiana *(state), and* Denise Lynn Boles *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* 6-29-91 *. Signed by:* /s/ Charles Elston *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Lynda Smith

MALE APPLICANT

Name: First Eric Middle Charles Last Kesterson

Date of Birth: Month 1 Day 26 Year 70

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 512 Magnolia Dr. City Pfld. County State

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) Dr. Rice

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Charles Kesterson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Carol Jean Kopp
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Eric C. Kesterson Date 5/23/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Eric C. Kesterson

New Address _____

Subscribed and sworn to before me this 23 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Christina Middle Lynn Last Draper

Date of Birth: Month 3 Day 7 Year 69

Place of Birth (State or foreign country) VA

Residence Address: Street or R.R. ← Same City County State

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) Dr. Rice

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father James Ray Draper Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Bellville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Linda Catherine Boase
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Spring
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Christina L Draper Date 5-23-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Christina L. Draper

New Address _____

Subscribed and sworn to before me this 23 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-23-91 *, authorizing the marriage of* 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 on* 6-1-91 *(date), at* Monrovia United Methodist Church *in* Morgan *County, Indiana,* _____ Eric C. Kesterson *of* Hendricks *County* Indiana *(state), and* _____ Christina Lynn Draper *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* 6-1-91 *.*
Signed by: /s/ Philip D. Brenneman *,* Pastor *(official designation)*
Filed and recorded in accordance with the laws of the State of Indiana on 6-6-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217

File

5-24-71
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a 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 James A. Myers

MALE APPLICANT

Name: First Danny Middle Allen Last Mansfield

Date of Birth: Month 4 Day 9 Year 56

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Wayne E., Danny E., Natasha M., Tabatha S., Casandra M.

6. (a) Full name of applicant's father Charles Allen Mansfield
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Naples, Fl.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patty [redacted] Driscoll
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Tarpon Springs, Florida
   Birthplace of mother (State or foreign country) OH

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Danny A Mansfield Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Danny A Mansfield

New Address _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

Connie Lawson, Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:

Father _____ ID # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tina Middle Louise Last Buckley

Date of Birth: Month 6 Day 01 Year 1959

Place of Birth (State or foreign country) California

Residence Address: Street or P.R. 9405 W. 10th St. City Indianapolis, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1985

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Courtney Buckley

6. (a) Full name of applicant's father Garlin Wayne Burruss
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Texas
   Birthplace of father (State or foreign country) Arkansas
   (b) Full maiden name of applicant's mother Earnestine Allen
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tina Louise Buckley Date 5/24/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tina Louise Buckley

New Address 9405 W. 10th, Indianapolis, Indiana 46234

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson, Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-91 *, authorizing the marriage of* Danny A. Mansfield *and* Tina L. Buckley *. I further certify that the following marriage certificate was filed in my office: I,* Jerry Williams *(name), certify that on* 6-8-91 *(date), at* 6758 Ralston Rd. *in* Marion *County, Indiana,* Danny A. Mansfield *of* Marion *County* Indiana *(state), and* Tina L. Buckley *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-8-91 *. Signed by:* /s/ Jerry Williams *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218

File

5-24-91
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 Davis B. Haggard

MALE APPLICANT

Name: First Richard Middle Lee Last Bumpus

Date of Birth: Month 11 Day 28 Year 1941

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11113 Stafford Rd., City Indianapolis, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Floyd H. Bumpus
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Ethel M. Buckett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Richard L. Bumpus Date 5-24-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Richard L. Bumpus

New Address _____

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Carla Middle Sue Last Reynolds

Date of Birth: Month 4 Day 13 Year 1960

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 11113 Stafford Rd., City Indianapolis, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1990

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Roger W. Reynolds 13
   Jessica L. Reynolds 10

6. (a) Full name of applicant's father Ernest E. Greeson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shirley A. Howell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Carla S. Reynolds Date 5-24-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Carla S. Reynolds

New Address _____

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-91 *, authorizing the marriage of* RICHARD LEE BUMPUS *and* CARLA SUE REYNOLDS *. I further certify that the following marriage certificate was filed in my office: I,* DR. JOHN H. PALMER, JR *(name), certify that on* 5-25-91 *(date), at* MARTINSVILLE *in* MORGAN *County, Indiana,* RICHARD LEE BUMPUS *of* HENDRICKS *County* INDIANA *(state), and* CARLA SUE REYNOLDS *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* 5-25-91 *. Signed by:* /s/ Dr. John H. Palmer, Jr. *,* MINISTER *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 5-31-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219

File

5-24-91
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 4-26-91
Name of Physician Dr. Thomas Moretto, M.D.

MALE APPLICANT

Name: First James Middle a. Last Nicely

Date of Birth: Month 9 Day 16 Year 68

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 6305 E. 350N City Brownsburg County Hendricks State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Jerry Wayne Nicely
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Linda Jean Gard
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James a. Nicely Date 5-24-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James a. Nicely

New Address 2139 N. Cross St. Danville, IN

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Jamie Middle M. Last Key

Date of Birth: Month 9 Day 27 Year 68

Place of Birth (State or foreign country): Indiana

Residence Address: Street or R.R. 209 E. Main St. City Brownsburg County Hendricks State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Donald J. Key
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Key
   (b) Full maiden name of applicant's mother Judith Lee Wilson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jamie Key Date 5-24-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jamie Key

New Address _____

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-91 *, authorizing the marriage of* James A. Nicely *and* Jamie M. Key *. 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 *in* Hendricks *County, Indiana,* _____ James A. Nicely *of* Hendricks *County* Indiana *(state), and* _____ Jamie M. Key *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* 6-10-91 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS + SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 220

HENDRICKS County

File

5-24-91
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 Robert Howell M.D.

MALE APPLICANT

Name: First John Middle David Last Rottinghaus

Date of Birth: Month 12 Day 27 Year 1943

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2344 Bowling Lane, City Indianapolis, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date (4) 1990

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Richard Rottinghaus 17
6. (a) Full name of applicant's father Russell Frank Rottinghaus
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Colleta Harkishfeger
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x John David Rottinghaus Date 5-24-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x John David Rottinghaus

New Address

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Susan Middle Allene Last Franklin

Date of Birth: Month 7 Day 18 Year 1950

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2344 Bowling Lane, City Indianapolis, County Hendricks, State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1975

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father Quincy Lonzie Brock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Florida
   (b) Full maiden name of applicant's mother Shirley Ann DeMoss
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant x Susan Allene Franklin Date 5-24-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed x Susan Allene Franklin

New Address

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-91 *, authorizing the marriage of* John David Rottinghaus *and* Susan Allene Franklin *. I further certify that the following marriage certificate was filed in my office: I,* William L. Tresslar *(name), certify that on* 6-21-91 *(date), at* Martinsville *in* Morgan *County, Indiana,* John David Rottinghaus *of* Hendricks *County* Indiana *(state), and* Susan Allene Franklin *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* 6-21-91 *. Signed by:* /s/ William L. Tresslar *,* Elder *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-27-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221

File

5-24-91
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 5-21-91
Name of Physician Dr. Edwards

MALE APPLICANT

Name: First Douglas Middle E. Last Hatfield
Date of Birth: Month 11 Day 16 Year 65
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 907 Cragwood Ct. City Grfld. County Hendricks State IN
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Larry Owen Hatfield
   (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 Alma Sue Pittler
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 5/24/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address 7335 Mariner Way, Apt 212

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #_____

Mother _____ ID #_____

Subscribed and sworn to before me this _____ day of _____, 19_____

_____ Clerk

FEMALE APPLICANT

Name: First Christine Middle Last Mielke
Date of Birth: Month 9 Day 15 Year 69
Place of Birth (State or foreign country) PA
Residence Address: Street or R.R. 1519 James Dr. City Grfld. County Hendricks State IN
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)

Social Security Card - 190-46-4887

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Walter Earl Mielke, Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) PA
   (b) Full maiden name of applicant's mother Beatrice Pearl Smith
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) PA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X [signature] Date 5-24-91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X [signature]

New Address _____

Subscribed and sworn to before me this 24 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #_____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-91 *, authorizing the marriage of* Douglas E. Hatfield *and* Christine Mielke *. I further certify that the following marriage certificate was filed in my office: I,* John E. Noel *(name), certify that on* 6-29-91 *(date), at* Chapel Rock Christian Church *in* Marion *County, Indiana,* Douglas E. Hatfield *of* Marion *County* Indiana *(state), and* Christine Mielke *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* 6-29-91 *. Signed by:* /s/ John E. Noel *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-2-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 222

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 ☐
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First David Middle Edward Last Stout
Date of Birth: Month March Day 21 Year 1970
Place of Birth (State or foreign country): Killeen Texas
Residence Address: Street or R.R. 119 Turner Rd., City Mooresville County State 46158
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☑
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Howe Lee Stout
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Velita Ruth Stout
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x David E. Stout Date x 5-24-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x David E. Stout
New Address x 6408 Maidstone Apt. 246 Indpls 46254
Subscribed and sworn to before me this 24th day of May 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Dawn Middle Michelle Last Dewees
Date of Birth: Month November Day 20 Year 1970
Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
Residence Address: Street or R.R. 5503 E. Maple City Danville County State In. 46122
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Harry Dean Dewees
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Shelia Kay Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant x Dawn Dewees Date x 5/24/91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed x Dawn Dewees
New Address x 6408 MAIDSTONE APT 246 Indpls 46254
Subscribed and sworn to before me this 24th day of May 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-24-91 *, authorizing the marriage of* David Edward Stout *and* Dawn Michelle Dewees *. I further certify that the following marriage certificate was filed in my office: I,* Richard E. Hamilton *(name), certify that on* 6-8-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* David Edward Stout *of* Morgan *County* Indiana *(state), and* Dawn Michelle Dewees *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* 6-8-91 *. Signed by:* /s/ Richard E. Hamilton *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223

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 5-20-91
Name of Physician Dr. Edwards

MALE APPLICANT

Name: First William Middle B. Last Harmon

Date of Birth: Month 1 Day 15 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5987 Williams Dr. City Plainfield County Hendricks State In.

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 John Bernard Harmon
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) IL
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Victoria Ann Pelphrey
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X William B. Harmon Date 5-28-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X William B. Harmon
New Address _____
Subscribed and sworn to before me this 28th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Marcia Middle E. Last Beard

Date of Birth: Month 7 Day 27 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 99 Bray Rd. City Mooresville County Morgan State IN

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Roger Dean Beard
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Evelyn Jane Bonnett
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Marcia E. Beard Date 5-28-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Marcia E. Beard
New Address _____
Subscribed and sworn to before me this 28th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-91 *, authorizing the marriage of* William B. Harmon *and* Marcia E. Beard *. I further certify that the following marriage certificate was filed in my office: I,* Jack W. Elliott, Jr. *(name), certify that on* 6-15-91 *(date), at* Mooresville *in* Morgan *County, Indiana,* William B. Harmon *of* Hendricks *County* Indiana *(state), and* Marcia E. Beard *of* Morgan *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* 5-28-91 *. Signed by:* /s/ Jack W. Elliott, Jr. *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 224

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 R. Stegemeier

MALE APPLICANT

Name: First Chad Middle Harold Last Wilson

Date of Birth: Month 2 Day 20 Year 71

Place of Birth (State or foreign country) IL

Residence Address: Street or R.R. 416 N. Lester St. #19 City Plfd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father Harold Wilson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mt. Zion Illinois
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Wilma Jean Branyan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Colorado Springs Colorado
   Birthplace of mother (State or foreign country) IL

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Chad H. Wilson Date 5/28/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Chad H. Wilson

New Address _____

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Teri Middle Lynn Last Chapman

Date of Birth: Month 1 Day 16 Year 72

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Jason M. Wilson

6. (a) Full name of applicant's father Kenneth G. Chapman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Otto Illinois
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Deborah K. Perkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plfd. Indiana
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Teri L. Chapman Date May 28 '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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Teri L. Chapman

New Address _____

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-91 *, authorizing the marriage of* Chad Harold Wilson *and* Teri L. Chapman *. I further certify that the following marriage certificate was filed in my office: I,* George Plasterer *(name), certify that on* 6-1-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Chad Harold Wilson *of* Hendricks *County* Indiana *(state), and* Teri Lynn Chapman *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* 6-1-91 *. Signed by:* /s/ George Plasterer *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-10-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

No. 225

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 Michael Jeffery

MALE APPLICANT

Name: First Harold Middle D. Last Williams

Date of Birth: Month 1 Day 30 Year 53

Place of Birth (State or foreign country) Illinois

Residence Address: Street or R.R. 1029 N. Locust City Edgh. County State Ind.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-86

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Andrea Michelle
6. (a) Full name of applicant's father Harold V. Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) Ill.
   (b) Full maiden name of applicant's mother Sylvia Ilene Watkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Segar
   Birthplace of mother (State or foreign country) Ill.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Harold D. Williams Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Harold D. Williams

New Address

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Shirley Middle A. Last McKinney

Date of Birth: Month 5 Day 31 Year 48

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. R. 1 Box 127B City Stilesville County Ind. State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-88

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rpt.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Randall A. Waggoner
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lafayette Ind
   Birthplace of father (State or foreign country) Ind
   (b) Full maiden name of applicant's mother Mary Margaret Fisher
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Supe
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Shirley McKinney Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Shirley McKinney

New Address same as above

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-91 *, 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 *(name), certify that on (date), at* Hendricks *in* Hendricks *County, Indiana,* David H. William *of* Hendricks *County* Indiana *(state), and* Shirley A. McKinney *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* 6-1-91 *. Signed by:* /s/ Dan J. Smetzer *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-91 *(date).*

6-1-91

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226

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 Joseph Kerlin

MALE APPLICANT

Name: First Patrick Middle William Last O'Neal
Date of Birth: Month 11 Day 01 Year 1968
Place of Birth (State or foreign country): Indiana
Residence Address: Street or R.R. 2191 Broyles Rd. City Plainfield County Hendricks State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jack William O'Neal
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathryn Ann Chambers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Patrick W O'Neal Date 5-28-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Patrick W O'Neal
New Address
Subscribed and sworn to before me this 28 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19_____
_____ Clerk

FEMALE APPLICANT

Name: First Angela Middle Dawn Last Mullins
Date of Birth: Month 1 Day 22 Year 1973
Place of Birth (State or foreign country): Virginia
Residence Address: Street or R.R. 2191 Broyles Rd. City Plainfield County Hendricks State Indiana
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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Junior Earl Mullins
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Virginia
   (b) Full maiden name of applicant's mother Beatrice Jane Pleasant
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Angela Dawn Mullins Date 5-28-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Angela Dawn Mullins
New Address
Subscribed and sworn to before me this 28 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-28-91 *, authorizing the marriage of* Patrick William O'Neal *and* Angela Dawn Mullins *. I further certify that the following marriage certificate was filed in my office: I,* Phillip R. Bilyeu *(name), certify that on* 5-31-91 *(date), at* Danville *in* Hendricks *County, Indiana,* _____ Patrick William O'Neal *of* Hendricks *County* Indiana *(state), and* _____ Angela Dawn Mullins *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* 5-31-91 *. Signed by:* /s/ Rev. Phillip R. Bilyeu *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 227

HENDRICKS County

File

May 28, 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

MALE APPLICANT

Name: First Herasto Middle Flores Last Galarza

Date of Birth: Month July Day 26 Year 1966

Place of Birth (State or foreign country) Mexico

Residence Address: Street or R.R. 4492 Whispering Pines Ln. City Fellsmere County Indian River State Florida

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)
Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Simmon Galarza
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Mexico
   Birthplace of father (State or foreign country) Mexico
   (b) Full maiden name of applicant's mother Ramona Flores
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Mexico
   Birthplace of mother (State or foreign country) Mexico

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Herasto Galarza Date 5/28/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Herasto Galarza
New Address 4492 Whispering Pines Lane, Fla 34982

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant; hereby give consent 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 #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Claudia Middle Ann Last Brown

Date of Birth: Month May Day 26 Year 1974

Place of Birth (State or foreign country) Marion Co. In.

Residence Address: Street or R.R. 3824 Indiana Rd. City West. County Pfl. State In.

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)
Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Claude Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plainfield, In.
   Birthplace of father (State or foreign country) Kentucky
   (b) Full maiden name of applicant's mother Sol Cla (Ho)
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ford

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Claudia Brown Date 5-28-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed Claudia Brown
New Address ← Same

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 Claude Brown ID #
Mother ID #

Subscribed and sworn to before me this 28 day of May, 19 91

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5/28/91, *authorizing the marriage of* Herasto Galarza *and* Claudia Brown. *I further certify that the following marriage certificate was filed in my office: I,* Michael J. Thurmond *(name), certify that on* 5-31-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Herasto Galarza *of* Saint Lucie *County* Indiana *(state), and* Claudia Brown *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* 5-31-91. *Signed by:* /s/ Michael J. Thurmond, Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 228

File

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician W. Edwards

MALE APPLICANT

Name: First James Middle Edward Last Scott

Date of Birth: Month 3 Day 3 Year 54

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same City → County State

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) Doctor.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Evalin Scott
   (If adopted, list adoptive parents only) Arthur Scott
   Residence of father (if deceased, so state)
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mary Ann Parsons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Dodge. Ind
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X James E Scott Date 5-29-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X James E Scott

New Address

Subscribed and sworn to before me this 29 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Lori Middle Ann Last Ross

Date of Birth: Month 4 Day 25 Year 61

Place of Birth (State or foreign country)

Residence Address: Street or R.R. RR 1 Box 214 City Clayton County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 88'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Doctor.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Lee Ross
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Mildred Louise Monday
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Clayton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lori Ann Ross Date 5-29-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lori Ann Ross

New Address

Subscribed and sworn to before me this 29 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-29-91 *, authorizing the marriage of* James E. Scott *and* Lori A. Ross *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Harry Kieninger *(name), certify that on* 6-8-91 *(date), at* Home/Clayton *in* Hendricks *County, Indiana,* James E. Scott *of* Hendricks *County* Indiana *(state), and* Lori A. Ross *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* 5-29-91 *. 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-362-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 229

HENDRICKS County

File

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician M.?. Med. Info.

MALE APPLICANT

Name: First Bruce Middle Charles Last May

Date of Birth: Month 8 Day 1 Year 53

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 505 Brentwood Dr. E. City Plyd. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father James C. May
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Plyd. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Mary Ellen Bruce
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Plyd Ind.
   Birthplace of mother (State or foreign country) NB. York

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Bruce C May Date 5-28-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Bruce C May

New Address

Subscribed and sworn to before me this 29 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Sheryl Middle Ann Last Depew

Date of Birth: Month 3 Day 14 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1085 Kingsmill Rd. Apt. 431 City Greenwood County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 85'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Tony Ramsey Depew

6. (a) Full name of applicant's father Curtis Norris Hall
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dover, Florida
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Joan Patricia Smiley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Seymour Ind.
   Birthplace of mother (State or foreign country) Mass.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Sheryl A Depew Date 5-28-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Sheryl A Depew

New Address

Subscribed and sworn to before me this 29 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-29-91 *, authorizing the marriage of* Bruce C. May *and* Sheryl A. Depew *. I further certify that the following marriage certificate was filed in my office: I,* James D. Spencer *(name), certify that on* 6-15-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Bruce C. May *of* Hendricks *County* Indiana *(state), and* Sheryl A. Depew *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* 6-15-91 *. Signed by:* /s/ James D. Spencer *,* Plainfield Town Court Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-19-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 230

File

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Ronald Stegemeller

MALE APPLICANT

Name: First George Middle M. Last Weilhamer

Date of Birth: Month 8 Day 31 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 402 W. Marion St. City Danville County Hendricks State In.

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 Licence, Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 George Michael Weilhamer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Betty Jane Higgins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [signature] Date 5-29-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed [signature]

New Address Same as Above

Subscribed and sworn to before me this 29th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Marie Last Steinmetz

Date of Birth: Month 3 Day 15 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 2333 W. RR. 50 S. City Danville County Hendricks State IN.

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) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Anthony L. Steinmetz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Donna K. Cooley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle Steinmetz Date 5/29/91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Michelle Steinmetz

New Address _____

Subscribed and sworn to before me this 29th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-29-91 *, authorizing the marriage of* George M. Weilhamer *and* Michelle M. Steinmetz *. I further certify that the following marriage certificate was filed in my office: I,* Father Charles Sean Chesebrough *(name), certify that on* 6-8-91 *(date), at* Mary Queen of Peace *in* Hendricks *County, Indiana,* George M. Weilhamer *of* Hendricks *County* Indiana *(state), and* Michelle M. Steinmetz *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* 6-7-91 *. Signed by:* /s/ Father C.S. Chesebrough *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-10-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231

File

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician D. M. Ellis

MALE APPLICANT

Name: First Joe Middle Last Price

Date of Birth: Month 10 Day 22 Year 62

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 8676 N. Co. Rd. 850W City North Salem County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Charles D. Price
   (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 Beverly Ann Bragg
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) North Salem IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Joe Price Date 5/29/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Joe Price

New Address _____

Subscribed and sworn to before me this 29 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Deborah Middle Ann Last Carter - Bonham

Date of Birth: Month 6 Day 3 Year 61

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 7932 W Ralston Rd City Lizton County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-20-85

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Earl D. Carter
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Lizton IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Vivian J. Carter
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Lizton IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Deborah Ann Bonham Date 5/29/91

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*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Deborah Ann Bonham

New Address _____

Subscribed and sworn to before me this 29 day of May, 19 91

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-29-91 *, authorizing the marriage of* Joe Price *and* Deborah Ann Bonham *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Arthur L. Thomas *(name), certify that on* 6-15-91 *(date), at* Jamestown *in* Boone *County, Indiana,* Joe Price *of* Hendricks *County* Indiana *(state), and* Deborah Ann Bonham *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-15-91 *. Signed by:* /s/ Rev. Arthur L. Thomas *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232

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
Name of Physician D. Hadley

MALE APPLICANT

Name: First Raymond Middle Eugene Last Shook

Date of Birth: Month 8 Day 10 Year 49

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Wilbert E. Shook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Myra R. Sellers
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Raymond E. Shook Date 5-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Raymond E. Shook

New Address _____

Subscribed and sworn to before me this 30 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Tamela Middle June Last Cornwell

Date of Birth: Month 10 Day 2 Year 50

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 1 Box 47 City Jamestown County State IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 83'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Rec.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Amy Renee Cornwell

6. (a) Full name of applicant's father Willfred P. Hempel
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Anita Shoy Cole
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville Ind.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tamela J. Cornwell Date 05-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Tamela J. Cornwell

New Address _____

Subscribed and sworn to before me this 30 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-30-91 *, authorizing the marriage of* Raymond E. Shook *and* Tamela J. Cornwell *. I further certify that the following marriage certificate was filed in my office: I,* David H. Coleman *(name), certify that on* 6-26-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Raymond E. Shook *of* Hendricks *County* Indiana *(state), and* Tamela J. Cornwell *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* 6-26-91 *. Signed by:* /s/ David H. Coleman *,* Judge *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 233

HENDRICKS 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
Name of Physician Dr. Baker

MALE APPLICANT

Name: First Lawrence Middle B. Last Williams

Date of Birth: Month 4 Day 9 Year 59

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 461 Douglas Ct. City Brownsburg County Hendricks State Indiana

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10/89

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nicole Irene Williams, Joshua David Williams, Abigail Danelle Williams, Abraham Joseph Williams
6. (a) Full name of applicant's father Charles Robert Williams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Wilma Mary Powell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lawrence B. Williams Date 5/30/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Lawrence B. Williams

New Address _____

Subscribed and sworn to before me this 30th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Janice Middle C. Last Wilson

Date of Birth: Month 5 Day 15 Year 56

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 901 Winding Brook E. Dr. Apt. C City Noblesville County Marion State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 10-90

Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Dustin Dwayne Wilson, Brandi Lynn Wilson.
6. (a) Full name of applicant's father Elzie Bryant Anderson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Marjorie Jordan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Mich.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Janice C. Wilson Date 5/30/91

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 _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Janice C. Wilson

New Address Same

Subscribed and sworn to before me this 30th day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-30-91 *, authorizing the marriage of* Lawrence B. William *and* Janice C. Wilson *. I further certify that the following marriage certificate was filed in my office: I,* Sam Harrington *(name), certify that on* 6-2-91 *(date), at* Indianapolis *in* Hendricks *County, Indiana,* Lawrence B. Williams *of* Hendricks *County* Indiana *(state), and* Janice C. Wilson *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 5-30-91 *. Signed by:* /s/ Sam Harrington *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-10-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 234

HENDRICKS 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
Name of Physician D. Walker

MALE APPLICANT

Name: First Mark Middle Alan Last Kiefer
Date of Birth: Month 8 Day 29 Year 67
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. RR 1 Box 218 L City Pittsboro County State
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Robert Raymond Kiefer
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pittsboro IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Patricia Ann Rich
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Mark A. Kiefer Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Mark A. Kiefer
New Address
Subscribed and sworn to before me this 30 day of 5, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Laurie Middle Rae Last Saldana
Date of Birth: Month 7 Day 15 Year 67
Place of Birth (State or foreign country) Neb.
Residence Address: Street or R.R. 3680 N. SR 267 City B'burg County State
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Ignacio Jo Saldana
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) Neb.
   (b) Full maiden name of applicant's mother Susan Eileen Rice
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) Neb.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Laurie Rae Saldana Date 5-30-91

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

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Laurie Rae Saldana
New Address 326 S. Green St B'burg
Subscribed and sworn to before me this 30 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-30-91 *, authorizing the marriage of* Mark A. Kiefer *and* Laurie R. Saldana *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Daniel B. Donottoo *(name), certify that on* 6-8-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Mark A. Kiefer *of* Hendricks *County* Indiana *(state), and* Laurie R. Saldana *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* 6-8-91 *. Signed by:* /s/ Rev. Daniel B. Donotto *,* Catholic Priest *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-8-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 235

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
Name of Physician T. Stephens

MALE APPLICANT

Name: First Christopher Middle ~~Jon~~ Jon Last Eggers
Date of Birth: Month 3 Day 20 Year 69
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. Same → City County State
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father John Archer Eggers
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Dec'd. IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carolyn Sprengate
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Chris J. Eggers Date May 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 _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Chris J. Eggers
New Address _____
Subscribed and sworn to before me this 30 day of 5, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Michelle Middle Suzann Last Hall
Date of Birth: Month 9 Day 17 Year 67
Place of Birth (State or foreign country) IN
Residence Address: Street or R.R. 3950 N. 1000 E City Trailer 82 County B'burg State
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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Melissa, Paula, Teresa, Amanda Hall

6. (a) Full name of applicant's father Larry Joseph Hall
   (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 Johnny Faye Nickell
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) Ark

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Michelle S. Hall Date May 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 _____

State of Indiana)
County of *HENDRICKS*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Michelle S. Hall
New Address _____
Subscribed and sworn to before me this 30 day of 5, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-7-91 *, authorizing the marriage of* Christopher J. Eggers *and* Michelle S. Hall *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Ray E. Rush *(name), certify that on* 6-1-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Christopher J. Eggers *of* Hendricks *County* Indiana *(state), and* Michelle S. Hall *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* 6-1-91 *. Signed by:* /s/ Rev. Ray E. Rush *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-1-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236

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 Dr. P. Voss, M.D.

MALE APPLICANT

Name: First David Middle M. Last Dotson
Date of Birth: Month 9 Day 6 Year 68
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9735 E, 1000 N, City Brownsburg, County Hendricks, State In.
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sierra Christine Dotson
6. (a) Full name of applicant's father Michael Curry Dotson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Betty Jo Hampton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David M. Dotson Date 5/30/91

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 _____

State of Indiana)
County of HENDRICKS) ss:
Signed X David M. Dotson — I swear/affirm that the information given in this application is true and correct.
New Address _____
Subscribed and sworn to before me this 30th day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Rhonda Middle R. Last Garnett
Date of Birth: Month 3 Day 29 Year 71
Place of Birth (State or foreign country) Michigan
Residence Address: Street or R.R. Same City County State
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Sierra Christine Dotson
6. (a) Full name of applicant's father Richard Harry Garnett
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Michigan
   (b) Full maiden name of applicant's mother Margaret Jane Bomfret
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Rhonda Garnett Date 5-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
Signed X Rhonda Garnett — I swear/affirm that the information given in this application is true and correct.
New Address _____
Subscribed and sworn to before me this 30 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-30-91 *, authorizing the marriage of* David M. Dotson *and* Rhonda R. Garnett *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 5-31-91 *(date), at* Danville *in* Hendricks *County, Indiana,* David M. Dotson *of* Hendricks *County* Indiana *(state), and* Rhonda R. Garnett *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* 5-31-91 *. 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* 5-31-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237

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
Name of Physician James Stephens

MALE APPLICANT

Name: First Thomas Middle James Last Caraboa
Date of Birth: Month 11 Day 16 Year 1956
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 9740 Lakewood Dr. City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1985
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Drivers Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Richard J. Caraboa
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Illinois
   (b) Full maiden name of applicant's mother Charlotte M. Turnerden
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Massachusetts

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Thomas J. Caraboa Date 5-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Thomas J. Caraboa
New Address _____
Subscribed and sworn to before me this 30 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Virginia Middle Marie Last Holt
Date of Birth: Month 9 Day 2 Year 1952
Place of Birth (State or foreign country) California
Residence Address: Street or R.R. RR 5, Box 325A City Brazil County Clay State Indiana
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1989
Date of birth verified by: ☐ Birth Certificate ☑ Other (Specify) Driver's Licens

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. Julianne Marie Holt 19
   Joseph Ryan Holt 16
6. (a) Full name of applicant's father Charles E. O'Brien
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Maryland
   (b) Full maiden name of applicant's mother Gloria C. Thood
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Oregon
   Birthplace of mother (State or foreign country) California

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Virginia M Holt Date 5-30-91

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 _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Virginia M Holt
New Address 9740 Lakewood Dr., Plainfield, Indiana 46168
Subscribed and sworn to before me this 30 day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-30-91 *, authorizing the marriage of* Thomas James Caraboa *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* 6-16-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Thomas James Caraboa *of* Hendricks *County* Indiana *(state), and* Virginia Marie Holt *of* Clay *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* 6-16-91 *. Signed by:* /s/ Richard M. Givan *,* Justice, Indiana Supreme Court *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-18-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 238

HENDRICKS 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
Name of Physician Joseph Kerlin, M.D.

MALE APPLICANT

Name: First *Shawn* Middle *Lee* Last *Christ*

Date of Birth: Month *4* Day *18* Year *1969*

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *3072 Aragon Woods Ct.* City *Indianapolis,* County *Marion,* State *Indiana*

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 License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 *Ronald L. Christ*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Indiana*
   (b) Full maiden name of applicant's mother *Vicki L. Cannon*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X *Shawn Lee Christ* Date *5-30-91*

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X *Shawn Lee Christ*

New Address _____

Subscribed and sworn to before me this *30* day of *May*, 19 *91*

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First *Leah* Middle *Michele A.* Last *Irbe*

Date of Birth: Month *1* Day *02* Year *1969*

Place of Birth (State or foreign country) *Indiana*

Residence Address: Street or R.R. *1960 E-W Lake E. Dr.,* City *Danville,* County *Hendricks,* State *Indiana*

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) *Driver's License*

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father *Visvaldis J. Irbe*
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) *Indiana*
   Birthplace of father (State or foreign country) *Latvia*
   (b) Full maiden name of applicant's mother *Leah J. Riedel*
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) *Indiana*
   Birthplace of mother (State or foreign country) *Indiana*

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X *Leah Michele A. Irbe* Date *5-30-91*

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 _____

State of Indiana)
County of *HENDRICKS*) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X *Leah Michele A. Irbe*

New Address *3072 Aragon Woods Ct. Indpls. In 46214*

Subscribed and sworn to before me this *30* day of *May*, 19 *91*

Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of *HENDRICKS* *County, Indiana, dated* 5-30-91 *, authorizing the marriage of* Shawn Lee Christ *and* Leah Michelle A. Irbe *. 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 *in* Marion *County, Indiana,* Shawn Lee Christ *of* Hendricks *County* Indiana *(state), and* Leah Michele A. Irbe *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* 6-1-91 *. Signed by:* /s/ Rev. Martins Irbe *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-10-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 239

HENDRICKS County

File 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 ☐
If No, Medical Examination or Report Dated
Name of Physician Robert Howell

MALE APPLICANT

Name: First Richard Middle m Last Garland

Date of Birth: Month 9 Day 7 Year 60

Place of Birth (State or foreign country) Pennsylvania

Residence Address: Street or R.R. 1121 Briarwood Dr. City Brownsburg County State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Andrew Garland

6. (a) Full name of applicant's father Irving R. Garland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pennsylvania
   Birthplace of father (State or foreign country) Pennsylvania
   (b) Full maiden name of applicant's mother Nancy Schwoyer
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pennsylvania
   Birthplace of mother (State or foreign country) Pennsylvania

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed [signature]

New Address _____

Subscribed and sworn to before me this 31st day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Yvonne Middle R Last Richardson

Date of Birth: Month 4 Day 16 Year 68

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1121 Briarwood Dr. City Brownsburg County State

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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Nathaniel Richardson

6. (a) Full name of applicant's father Arthur J. Richardson
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) INDIANA
   Birthplace of father (State or foreign country) INDIANA
   (b) Full maiden name of applicant's mother Donna K Burgess
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) INDIANA
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant [signature] 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed [signature]

New Address _____

Subscribed and sworn to before me this 31st day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, 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* 7-6-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Richard Mark Garland *of* Hendricks *County* Indiana *(state), and* Yvonne Rene' Richardson *of* Hendricks *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 7-6-91 *. Signed by:* /s/ Harold L. Leininger *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-16-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 240

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician D. Davidson

MALE APPLICANT

Name: First Kenneth Middle Ray Last Mayo

Date of Birth: Month 9 Day 14 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 11006 W. Washington St. Apt 4 City Indpls. County Hendricks State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Richard Wayne Mayo Sr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Martinsville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Virginia Catherine Pisa
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Bloomington IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kenneth R Mayo 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kenneth R. Mayo

New Address

Subscribed and sworn to before me this 31 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Beth Middle Ann Last Majors

Date of Birth: Month 8 Day 14 Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Roger Dewayne Majors
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Shenandoah IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Vicki Lynn Meigs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indpls IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Beth Ann Majors 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Beth Ann Majors

New Address

Subscribed and sworn to before me this 31 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, authorizing the marriage of* Kenneth R. Mayo *and* Beth Ann Majors *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Kenneth E. Scherle *(name), certify that on* 6-1-91 *(date), at* Martinsville *in* Morgan *County, Indiana,* Kenneth R. Mayo *of* Hendricks *County* Indiana *(state), and* Beth Ann Majors *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* 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).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 241

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician R. Johns

MALE APPLICANT

Name: First Aaron Middle Kevin Last Payne

Date of Birth: Month 9 Day 4 Year 68

Place of Birth (State or foreign country) IN

Residence Address: 6755 S. 350 W Street or R.R. City B'burg County State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donal Keith Payne
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Ellen Jannett Draper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Aaron K Payne 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Aaron K. Payne
New Address 1150 CHESTNUT CT. APT F GREENCASTLE, IN.

Subscribed and sworn to before me this 31 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Jill Middle Suzanne Last Clark

Date of Birth: Month 12 Day 8 Year 70

Place of Birth (State or foreign country) IN

Residence Address: 8195 E 725 N Street or R.R. City B'burg County State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Robert Lee Clark
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Loretta Fae Hickling
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) B'burg IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jill S. Clark 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jill S. Clark
New Address 1150 Chestnut Ct Apt F Greencastle, In 46135

Subscribed and sworn to before me this 31 day of 5, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, authorizing the marriage of* Aaron Kevin Payne *and* Jill Suzanne Clark *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 6-8-91 *(date), at* Brownsburg Christian Church *in* Hendricks *County, Indiana,* Aaron Kevin Payne *of* Hendricks *County* Indiana *(state), and* Jill Suzanne Clark *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* 5-31-91 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 242

HENDRICKS County

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Glenn Baker

MALE APPLICANT

Name: First Kevin Middle Lee Last Poland

Date of Birth: Month 3 Day 29 Year 1968

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 406 S. Green St. City Brownsburg County Hendricks State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Earl Grant Poland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Beverly Sue Hallam
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kevin L. Poland 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Kevin L. Poland

New Address _____

Subscribed and sworn to before me this 31 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Laura Middle Kathleen Last Dietz

Date of Birth: Month 5 Day 08 Year 1970

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. R.R. 1, Box 103 City Pittsboro County Hendricks State Indiana

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) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Fred Richard Dietz
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Kathleen Jean Cooper
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Laura K. Dietz 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Laura K. Dietz

New Address 406 S. Green St., Brownsburg, In 46112

Subscribed and sworn to before me this 31 day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 7-8-91 *, authorizing the marriage of* Kevin Lee Poland *and* Laura Kathleen Dietz *. I further certify that the following marriage certificate was filed in my office: I,* John K. Fletcher *(name), certify that on* 6-29-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Kevin Lee Poland *of* Hendricks *County* Indiana *(state), and* Laura Kathleen Dietz *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* 6-29-91 *. Signed by:* /s/ John K. Fletcher *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 7-8-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 243

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician S. C. Hooper

MALE APPLICANT

Name: First Darl Middle Steven Last Moreland

Date of Birth: Month 5 Day 11 Year 58

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. Same → City County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-88'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D.L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Nicholas Samuel Moreland
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Pepp. Ind.
   Birthplace of father (State or foreign country) Ind.
   (b) Full maiden name of applicant's mother Genevieve Witt
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pepp. Ind.
   Birthplace of mother (State or foreign country) Ky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Darl S. Moreland 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Darl S. Moreland

New Address _____

Subscribed and sworn to before me this 31st day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Graham

Date of Birth: Month 9 Day 29 Year 49

Place of Birth (State or foreign country) Ark

Residence Address: Street or R.R. 1979 Crystal Bay City Pepp. County State

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages D1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11.90'

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) D. L.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —
6. (a) Full name of applicant's father Earnest Earl Hostetler
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Greenfield Ind.
   Birthplace of father (State or foreign country) Ark
   (b) Full maiden name of applicant's mother Lythia Laverne Dotson
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same.
   Birthplace of mother (State or foreign country) Mo. Town

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Maryann Graham Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Maryann Graham

New Address _____

Subscribed and sworn to before me this 31st day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, authorizing the marriage of* Darl S. Moreland *and* Mary A. Graham *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Gerald DeVore *(name), certify that on* 6-1-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Darl S. Moreland *of* Hendricks *County* Indiana *(state), and* Mary A. Graham *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* 5-31-91 *. Signed by:* /s/ Gerald DeVore *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244

File

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 ☐
If No, Medical Examination or Report Dated 5-30-91
Name of Physician Dr. Aiello

MALE APPLICANT

Name: First Philip Middle N. Last Klein
Date of Birth: Month 4 Day 2 Year 35
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10012 Lanterns Ct. City Indpls. County Hendricks State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-90
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Charles Jacob Klein
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) IL
   (b) Full maiden name of applicant's mother Lucetta Florence Williams
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Philip N Klein 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Philip N Klein
New Address Same
Subscribed and sworn to before me this 31st day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Sharon Middle S. Last Harding
Date of Birth: Month 3 Day 23 Year 42
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R.R. 10012 Lanterns Ct. City Indpls. County Hendricks State In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Leon J. Harding
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Ida Collins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Sharon S. Harding 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Sharon S. Harding
New Address Same
Subscribed and sworn to before me this 31st day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, authorizing the marriage of* Philip N. Klein *and* Sharon S. Harding *. I further certify that the following marriage certificate was filed in my office: I,* Cynthia J. Spence *(name), certify that on* 5-31-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Philip N. Klein *of* Hendricks *County* Indiana *(state), and* Sharon S. 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* 5-31-91 *. 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* 5-31-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 245

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Eliseo Batista

MALE APPLICANT

Name: First Robert Middle K. Last Adams

Date of Birth: Month 11 Day 1 Year 51

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5650 N. 600 E City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-85

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua Jay Adams, Rachel Michele Adams.
6. (a) Full name of applicant's father Charles Eli Adams
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Ruth Ann Miller
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Robert K. Adams 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Robert K. Adams
New Address Same

Subscribed and sworn to before me this 31st day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Bxxana Middle L. Last Adams

Date of Birth: Month 11 Day 12 Year 53

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5650 N. 600 E City Brownsburg County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-85

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Joshua Jay Adams, Rachel Michele Adams
6. (a) Full name of applicant's father Alvin M. Hulse
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Joyce B. Brateng
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Wisc.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Roxana L. Adams 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Roxana L. Adams
New Address _____

Subscribed and sworn to before me this 31st day of May, 19 91
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, authorizing the marriage of* Robert K. Adams *and* Roxana L. Adams *. I further certify that the following marriage certificate was filed in my office: I,* J. Donald Boebinger *(name), certify that on* 6-19-91 *(date), at* Whitelick Presbyterian Church *in* Hendricks *County, Indiana,* Robert Keith Adams *of* Hendricks *County* Indiaan *(state), and* Roxana L. Adams *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* 5-31-91 *. 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 Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246

File

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 ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. Ferrara

MALE APPLICANT

Name: First Brian Middle Edwin Last Burton

Date of Birth: Month 5 Day 27 Year 71

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. Rt Box 256 City Sneads County Fairy State N.C.

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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
   (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 Nancy Ellen Burton
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Brian E Burton 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Brian E Burton

New Address

Subscribed and sworn to before me this 31st day of May, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First monica Middle Lynn Last Bloss (Shafer)

Date of Birth: Month 2 Day 12 Year 72

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 5035 E. 450 N. City Brownsburg County State

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) Birth Certificate

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father
   (If adopted, list adoptive parents only) Darrel ~~Schaa~~ Shafer
   Residence of father (if deceased, so state) IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Julia Arline Bloss
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Monica Shafer 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 _____ Date _____

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Monica Shafer

New Address Rt. 1 Box 256 Sneadsferry N.C. 28460

Subscribed and sworn to before me this 31st day of May 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 5-31-91 *, authorizing the marriage of* Brian Edwin Burton *and* Monica Lynn Shafer *. I further certify that the following marriage certificate was filed in my office: I,* John Coldwell *(name), certify that on* 6-3-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Brian Edwin Burton *of* Marion *County* Indiana *(state), and* Monica Lynn Shafer *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* 6-3-91 *. Signed by:* /s/ John Coldwell *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-3-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-6702 1477

Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347

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 ☑ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician W.C. Stafford, Md

MALE APPLICANT

Name: First Paul Middle Allen Last Garris
Date of Birth: Month August Day 21 Year 1960
Place of Birth (State or foreign country): Columbus Indiana
Residence Address: Street or R.R. 310 N. Hampton Inn, 602 Airport Rd, City Chapel Hill County NC State 27514
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Robert Eugene Garris
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Elsie Louise Tubbs
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kansas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases 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 Paul A Garris Date X 6-3-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Paul A Garris
New Address 500 Umstead Dr. 305C Chapel Hill NC
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Kim Middle Denise Last Gray
Date of Birth: Month March Day 10 Year 1961
Place of Birth (State or foreign country): Louisville Kentucky
Residence Address: Street or R.R. 8 Michael Dr City Plainfield County _____ State In. 46168
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 License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children. No
6. (a) Full name of applicant's father Thomas Masselli, Jr.
   (If adopted, list adoptive parents only) Unknown
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) Unknown
   (b) Full maiden name of applicant's mother Francis Gloria Dean Gray
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Kim Denise Gray Date X 6-3-91

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) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Kim Denise Gray
New Address 500 Umstead Dr., Apt. 305C, Chapel Hill, NC. 27516
Subscribed and sworn to before me this _____ day of _____, 19 _____
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of HENDRICKS) ss:
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-91 *, authorizing the marriage of* Paul Allen Garris *and* Kim Denise Gray *. I further certify that the following marriage certificate was filed in my office: I,* Keith H. Kirk *(name), certify that on* 6-8-91 *(date), at* Plainfield *in* Hendricks *County, Indiana,* Paul Allen Garris *of* Orange *County* North Carolina *(state), and* Kim Denise Gray *of* Hendricks *County* Hendricks *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-8-91 *. Signed by:* /s/ Keith H. Kirk *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 248

HENDRICKS 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 ☐ Yes ☒
If No, Medical Examination or Report Dated
Name of Physician

MALE APPLICANT

Name: First Edward Middle Dale Last Lashbrook

Date of Birth: Month 10 Day 24 Year 16

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 1050 E Box 545 City Camby County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-72

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Herbert Lashbrook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Nora Martin
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana
   Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Edward Lashbrook Date 6-3-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed ☒ Edward Lashbrook

New Address 7910 W. Washington St. - Indpls.

Subscribed and sworn to before me this 3rd day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Vivian Middle G. Last Lashbrook

Date of Birth: Month 12 Day 15 Year 31

Place of Birth (State or foreign country) Ky.

Residence Address: Street or R.R. 1940 Brewer Rd. City Indpls. County Marion State In.

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) Social Security Card, Marion Co. Receipt of Registration

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 James Frances Lashbrook
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Jessie Fair Cochran
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Ky.
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant ☒ Vivian Lashbrook Date

The above applicant has 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 ☒ Vivian Lashbrook

New Address Same

Subscribed and sworn to before me this 3rd day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-91 *, authorizing the marriage of* EDWARD DALE LASHBROOK *and* VIVIAN G. LASHBROOK *. I further certify that the following marriage certificate was filed in my office: I,* CYNTHIA J. SPENCE *(name), certify that on* 6-4-91 *(date), at* Danville *in* Hendricks *County, Indiana,* Edward Dale Lashbrook *of* Hendricks *County* Indiana *(state), and* Vivian G. Lashbrook *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-4-91 *. 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* 6-4-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 249

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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician M Hodges

MALE APPLICANT

Name: First Paul Middle David Last Bilyeu

Date of Birth: Month 2 Day 16 Year 73

Place of Birth (State or foreign country) Missouri

Residence Address: Street or R.R. 465 E. Rd. 100 N. City Danville County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Phillip R. Bilyeu
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Danville IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Carolyn M. Secrest
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Danville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Paul Bilyeu Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Paul Bilyeu

New Address

Subscribed and sworn to before me this 3 day of 6, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Jennifer Middle Lyn Last Baker

Date of Birth: Month 8 Day 30 Year 74

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. RR 2 Box 91A City Coatesville County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Theodore Hudson Baker
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Coatesville IN
   Birthplace of father (State or foreign country) OH
   (b) Full maiden name of applicant's mother Deborah Carol Duncan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Coatesville IN
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer Baker Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer Baker

New Address Rt 2 Box 91A Coatesville

Subscribed and sworn to before me this 3 day of 6, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 T. H. Baker ID #

Mother X Deborah C. Baker 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 Hendricks County Circuit Court, by written order issued 3 Dec Term and filed in Clerks, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-91 *, authorizing the marriage of* Paul David Bilyeu *and* Jennifer Lynn Baker *. I further certify that the following marriage certificate was filed in my office: I,* Rev. Phillip Bilyeu *(name), certify that on* 6-15-91 *(date), at* Brownsburg *in* Hendricks *County, Indiana,* Paul David Bilyeu *of* Hendricks *County* Indiana *(state), and* Jennifer Lynn Baker *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* 6-15-91 *. Signed by:* /s/ Rev. Phillip Bilyeu *,* Minister *(official designation) 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*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 250 ~~249~~

HENDRICKS 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 ☒ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Smith Kline

MALE APPLICANT

Name: First Russell Middle B. Last Mink

Date of Birth: Month 5 Day 11 Year 22

Place of Birth (State or foreign country) Ky.

Residence Address: Street or R.R. 6265 Kentucky Ave. City Indpls. County Marion State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 4

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 7-90

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Frank Mink
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) deceased
   Birthplace of father (State or foreign country) Ky.
   (b) Full maiden name of applicant's mother Lizzie R. Benner
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) deceased
   Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Russell B. Mink Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Russell B Mink

New Address Same

Subscribed and sworn to before me this 3rd day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Carol Middle A. Last Poynter

Date of Birth: Month 12 Day 16 Year 45

Place of Birth (State or foreign country) W. Va.

Residence Address: Street or R.R. 3603 Clarkscreek Rd. 97 City Indpls. County Hendricks State In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-84

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.
6. (a) Full name of applicant's father Orid Clellan Belt
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Deceased
   Birthplace of father (State or foreign country) W. Va.
   (b) Full maiden name of applicant's mother Rosetta Myrl Adkins
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Deceased
   Birthplace of mother (State or foreign country) W. Va.

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carol A. Poynter Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Carol A. Poynter

New Address

Subscribed and sworn to before me this 3rd day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-91 *, authorizing the marriage of* Russel B. Mink *and* Carol Ann Poynter *. I further certify that the following marriage certificate was filed in my office: I,* Robert Felton Carter *(name), certify that on* 6-15-91 *(date), at* Indianapolis *in* Marion *County, Indiana,* Russell B. Mink *of* Marion *County* Indiana *(state), and* Carol Ann Poynter *of* Marion *County* Indiana *(state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of* HENDRICKS *County, Indiana, dated* 6-15-91 *. Signed by:* /s/ Robert Felton Carter *,* Dr. of Ministry *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-21-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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

HENDRICKS County

No. 251

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 ☐ Yes ☐
If No, Medical Examination or Report Dated
Name of Physician Dr. McLaughlin

MALE APPLICANT

Name: First David Middle Andrew Last Pierce

Date of Birth: Month 3 Day 10 Year 65

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 10232 Kensington Dr. City Indpls. County State Ind.

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father George Franklin Pierce
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Bonnie Louise Tracy
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Savage
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X David A. Pierce Date 6-3-91

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X David A. Pierce
New Address _____
Subscribed and sworn to before me this 3 day of May, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____
_____ Clerk

FEMALE APPLICANT

Name: First Lisa Middle Kay Last Marlowe

Date of Birth: Month 9 Day 12 Year 68

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. ← Same City County State

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) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Dennis Charles Marlowe
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Kathleen Frances Hinty
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) NJ

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant X Lisa K Marlowe Date 6-3-91

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*) ss:
I swear/affirm that the information given in this application is true and correct.
Signed X Lisa K Marlowe
New Address _____
Subscribed and sworn to before me this 3 day of May, 19 91
Connie Lawson Clerk of the *HENDRICKS* Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____
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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-3-91 *, authorizing the marriage of* David A. Pierce *and* Lisa K. Marlowe *. I further certify that the following marriage certificate was filed in my office: I,* David Carl Lueloff *(name), certify that on* 6-8-91 *(date), at* Good Shepherd Baptist Church *in* Morgan *County, Indiana,* David A. Pierce *of* Hendricks *County* Indiana *(state), and* Lisa K. Marlowe *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* 6-8-91 *. Signed by:* /s/ David C. Lueloff *,* Assistant Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-12-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File

6-4-91
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 family Clinic (Plainfield) Stephen Heeger

MALE APPLICANT

Name: First Robert Middle L Last Stock

Date of Birth: Month 10 Day 21 Year 66

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R.R. 6020 E 91 n City 23 County Danville State IN

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) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Larry Lee Stock
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indiana
   Birthplace of father (State or foreign country) Indiana
   (b) Full maiden name of applicant's mother Patersa LaDawn McColley
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Indiana.
   Birthplace of mother (State or foreign country) Calafornia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Robert L Stock Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Robert L Stock
New Address Same

Subscribed and sworn to before me this 4th day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Rae Middle Jean m. Last Richardson

Date of Birth: Month 8 Day 16 Year 70

Place of Birth (State or foreign country) Wisconsin

Residence Address: Street or R.R. 6020 E. 91 n 23 City Danville County State IN

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 Liscense

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 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 MarJean Cosack Swanson
   (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).

X Signature of Applicant Rae Jean Richardson Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

X Signed Rae Jean Richardson
New Address same

Subscribed and sworn to before me this 4th day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #
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 and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-4-91 *, authorizing the marriage of* Robert L. Stock *and* Rae Jean M. Richardson *. I further certify that the following marriage certificate was filed in my office: I,* David L. McColley *(name), certify that on* 6-7-91 *(date), at* Pine Tree Manner-Indianapolis *in* Marion *County, Indiana,* Robert L. Stock *of* Hendricks *County* Indiana *(state), and* Rae Jean M. Richardson *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* 6-7-91 *. Signed by:* /s/ David L. McColley *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 253

File

6.4.91
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 D. Walker

MALE APPLICANT

Name: First Donald Middle Joseph Last Brown

Date of Birth: Month 4 Day 11 Year 73

Place of Birth (State or foreign country) Ind.

Residence Address: Street or R.R. 250 N. East St. Apt. 116 City Plfd. County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Ray Brown
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Clayton, IN
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Sarah Frances Whitcomb
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Donald Joseph Brown Date 6-4-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Donald Joseph Brown

New Address

Subscribed and sworn to before me this 4 day of Je, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

Mother _____ ID # _____

Subscribed and sworn to before me this _____ day of _____, 19 _____

_____ Clerk

FEMALE APPLICANT

Name: First Stacey Middle Elaine Last Smith

Date of Birth: Month 4 Day 30 Year 73

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 426 Stewart Dr. City B'burg County State IN

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you 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 Jerry D. Smith
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) B'burg IN
   Birthplace of father (State or foreign country) VA
   (b) Full maiden name of applicant's mother Charlene S. ~~Roberts~~ Roberts
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Stacey Elaine Smith Date 6-4-91

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) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Stacey Elaine Smith

New Address

Subscribed and sworn to before me this 4 day of Je, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 # _____

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 _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-4-91 *, authorizing the marriage of* Donald J. Brown *and* Stacey E. Smith *. I further certify that the following marriage certificate was filed in my office: I,* Steven T. Reeves *(name), certify that on* 6-22-91 *(date), at* Brownsburg Christian Church *in* Hendricks *County, Indiana,* _____ *Donald J. Brown of* Hendricks *County* Indiana *(state), and* _____ *Stacey E. Smith 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* 6-26-91 *. Signed by:* /s/ Steven T. Reeves *,* Pastor *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-26-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-7-3

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File

6.4.91
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

Name: First Mitchell Middle Dwayne Last Osman

Date of Birth: Month 9 Day 8 Year 71

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 1810 N. Mooresville Rd. City Indpls. County Hendricks Co. State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Harry M. Osman
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Indpls. Ind.
   Birthplace of father (State or foreign country) KY
   (b) Full maiden name of applicant's mother Daisy C. Timmons
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Same
   Birthplace of mother (State or foreign country) KY

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mitchell Osman Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Mitchell Osman

New Address

Subscribed and sworn to before me this 4 day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Jinnie Middle Melia Last Ray

Date of Birth: Month 3 Day 3 Year 50

Place of Birth (State or foreign country) IN

Residence Address: Street or R.R. 142 W. St. Pyd. City County State

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)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
   If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you 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 Albert Ray Jr.
   (If adopted, list adoptive parents only)
   Residence of father (if deceased, so state) Terre Haute Ind.
   Birthplace of father (State or foreign country) IN
   (b) Full maiden name of applicant's mother Kimberly M. Hagan
   (If adopted, list adoptive parents only)
   Residence of mother (if deceased, so state) Pyd. Ind.
   Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jinnie Ray Date

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana)
County of HENDRICKS) ss:

I swear/affirm that the information given in this application is true and correct.

Signed X Jinnie Ray

New Address 4615 Georgetown Rd. Apt 1 Indpls.

Subscribed and sworn to before me this 4 day of June, 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent 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 X Albert Ray Jr ID # 304-68-4765

Mother ID #

Subscribed and sworn to before me this 7 day of June, 19 91

Connie Lawson Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS *County, Indiana, dated* 6-4-91 *, authorizing the marriage of* Mitchell Dwayne Osman *and* Minnie Melia Ray *. I further certify that the following marriage certificate was filed in my office: I,* Albert Ray, Jr. *(name), certify that on* 6-8-91 *(date), at* Danville Conservation Club *in* Hendricks *County, Indiana,* Mitchell Dwayne Osman *of* Hendricks *County* Indiana *(state), and* Jinnie Melie Ray *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* 6-8-91 *. Signed by:* /s/ Rev. Albert Ray, Jr. *,* Minister *(official designation) Filed and recorded in accordance with the laws of the State of Indiana on* 6-11-91 *(date).*

Signed Connie Lawson *Clerk*
HENDRICKS *Circuit Court*

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