Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No A Yes Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ 700 IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Never Married AR No. of Pre Never Married Divorce Annulment Death Last Marriage Ended By ☐ Birth Certificate ☐ Other (Specify) No E Yes 🔲 No Yes Are you now or have you ever been adjudged to be of unsound mind? No [Y95 🔲 No 🗆 Yes 🗸 s." has the adjudication been removed? Yes 🔲 Nes 🗆 ted to the female applicant closer than second cous Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS JUDIC. 19 98 June , 19 91 HENDRICKS HENDRICKS

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

(name) certify that on 6-5-91(name), certify that on ___ Janice S. Chilewski (date), at Danny L. Beck _ County, Indiana, County Indiana Hendricks _(state), and _ Hendricks Barbara Hall _ (state) were married by me as authorized _ County _ under a marriage license that was issued by the Clerk of the Circuit Court of ______ Signed by: _____ / S/ Janice S. Chilewski HENDRICKS County, Indiana, dated _
Chief Deputy Clerofficial designation) Signed by: ___ 6-7-91 (date). Filed and recorded in accordance with the laws of the State of Indiana on_

HENDRICKS

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

of IC 31-7-3 APPLICATION FOR	MARRIAGE LICENSE
HENI	DRICKS County File
	6-6-91 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	FEMALE APPLICANT
Name Erst Middle Jast Toda Alan Frieman Date of Birth Day	Name First Middle Last
	Date of Birth Date Of Birth Day Year 65
Indiona	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State Howards and the County New Howards	Residence Address Street or R.R. City County State 4612
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Dafe	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify) Driver's Figures
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed? No Yes Yes No Yes Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No res tes	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father David Bayne Bleeren	6. (a) Full name of poplicant's father Orvel Eugene Doane
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country) Mdiana
(b) Full maiden name of applicant's mother Deriva Locotto (If adopted, list adoptive parents only)	Full maiden name of applicant's mother Circus Martine Gaelac
Residence of mother (if deceased, so state) — Malana Birthplace of mother (State or foreign country) — Muliana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) **The deceased of the country of th
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes ADS (acquired mmune deficiency syndrome). Signature of Applicant A ADS TREEMEN Date 6-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant X. Judy Q. Dowl Date 6-6-9.
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by ath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
tate of Indiana	Date
ounty of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed X Juliu a. Work to this application is true and correct
New Address	New Address
Coxile Facuson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If pnly one parent signs
	state facts which make the consent of the other parent unnecessary
ounty of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
ther	FatherID #
otherID #	Mother ID #
Clork	Subscribed and sworn to before me this day of, 19
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
ad filed in	Court, by written order issued s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cler	AND MARRIAGE CERTIFICATE
ated, authorizing the marriage of	
ate) at	. I further certify that the following marriage certificate was filed in my office: (name), certify that on
ate), at of Of	in County, Indiana.
of Cour	UENDRICKS THE WORLD INC US WITHOUT LEE
der a marriage license that was issued by the Clerk of the Circuit Court of _ gned by:	County, Indiana, dated
led and recorded in accordance with the laws of the State of Indiana on	(date). (official designation)

Signed_

Clerk

Circuit Court

HENDRICKS

257

____ (state) were married by me as authorized _____ County, Indiana, dated ____ 6-24-91

_Clerk

Circuit Court

HENDRICKS

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County File
	6-5-91 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 I If No, Medical Examination or Report Dated 6-3-91 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Sound on & Charles Eller	Name First Middle Last Branch
Date of Birth Day Year	Date of Birth Day Year 2 1 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or F.R. City County State R. R. 1 Soft 26 Clarator Hendrichs 3n
953 Barnewood Dr. S.LOflo, Hydruchs, An. Previous Marital Status: Never Married OR No. of Previous Marriages 3	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce M Annulment Date 7 - 88	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate & Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "ves." has the adjudication been removed? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No S. Yes	If answer is "yes," has the adjudication been removed? No Yes L Are you related to the male applicant closer than second cousin? Yes L
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
5. List the full names of any dependent children. Hather, Brandry, Nerele,	C. Elst the fall flames of they deposite a state of
6. (a) Full name of applicant's father Roumond Thurley Individe Ellis	6. (a) Full name of applicant's father Sphald Garry Branch
6. (a) Full name of applicant's father Soughout Churles Induct Ellis (if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Edna Thae Weddington	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and the state of
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) N. Dahoto
Birthplace of mother (State or foreign country)	Birthplace of mother (State of foleign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 6-05-91	I acknowledge that I have received information regarding dangerous communicable diseath that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Applicant Date 6-5-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the ab acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information g
County of HENDRICKS Signed Common Claudes Signed Common Common Claudes Signed Common Co	Signed Xanny m Grane
New Address 1160 S. County Rd. 375 E.	New Address
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 5th day of 91 Comie Sawson Clerk of the HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	
State of Indiana) Scarce of HENDRICKS ss:	State of Indiana) State of Indiana) State of HENDRICKS ss:
Father ID #	County of ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties,
and filed in, authorize	Court, by written order issuedizes and directs the issuance of a marriage license to the above named particles.
RETURN OF MARRIAGE LICEN I certify that there was filed in my office a marriage license issued by the C	ISE AND MARRIAGE CERTIFICATE There of the Circuit Court of HENDRICKS County, Indian
dated 6-5-91, authorizing the marriage of _	Raymond C. Ellis
and Tammy M. Branch Jeffrey V. Boles	I further certify that the following marriage certificate was filed in my offi (name), certify that on6-24-91 Hand ricks
(date), at Danville	in County, Indiana,
Raymond C. Ellis of Hendricks	County Indiana (state), and
Tammy M. Branch of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	County Indiana (state) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married by me as authorized from the MENDRICKS (State) were married from the M
Signed by:/s/ Jeffrey V. Boles Filed and recorded in accordance with the laws of the State of Indiana on	Circuit Judge (official designation) 6-25-91 (date).
Signed by: /s/ Jeffrey V. Boles	Circuit Judge (official designation)

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

258

C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☐ Yes ☐
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated Name of Physician Larry Lovall
circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Name of Physician 22119
MALE APPLICANT	FEMALE APPLICANT
	Name / First Modile . Last
have of Birth David Post Hensley	Date of Birth Kerry L Kohrer
5 14 67	8 16 68
hace of Birth (State or loneign_aquity)	Place of Birth (State or tonight tourity) Latayette IN
tesidence Address 195 S. Street of PRI HSOE . Danville IN	Residence Address 413 450 W Plainfield IN
4	Previous Marriad Status: Never Married OR No. of Previous Marriages
revious Marital Status: Never Married CR No. of Previous Marriages	
ast Marriage Ended By: Death Divorse Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Serin Certificate Bother (Specify) Drivers License	Date of birth verified by: Stoch Certificate Doner (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
t. Are you now or have you ever been adjudged to be of unaound mind? No. S. Yes If answer is "yes." has the adjudication been removed? Ng. Yes	If answer is "yes." has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No. S. Yes
Are you now under the influence of an alcoholic beverage? No Q Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? No Yes Yes
List the full names of any dependent children.	List the full names of any dependent children.
The second is a second of the	
(a) Full name of applicant's tester tall Eugene Hensley	8 (a) Full name of applicant's father Charles Franklin Roll
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) T	Residence of father (if deceased, so state) T. N.
Birthplace of father (State or foreign country) TU AVI CUCLUONTH	Birthplace of father (State or toreign country). A TTUCK TO THE COLOR (b) Full maiden name of applicant's mother SOUCE A COLOR
(b) Full maiden name of applicant's mother. (b) Full maiden name of applicant's mother. (c) (if adoptive parents only).	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) IN	Residence of mother (if deceased, so state). IN
Birthplace of mother (State or foreign country) IN	Birthplace of mother (State or foreign country). TLL
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and, a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
imgrune deficiency syndrome).	immune deficiency syndrome).
Egnature of Applicant Dawn Taul Hinsky Date 66/1	Signature of Applicant Terr Lee Kohren Date 6/6/91
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given 58: 0 In this application is true and course.	State of Indiana) I swear/affirm that the information given State of Indiana) I swear/affirm that the information given (A) In this application is true and correct
County of HENDRICKS TO PEND THE In this application is true and correct.	County of MCNURCES In this application is true and correct.
Now ASSESS 247 N CENTER PLATIFICH IN	New Address 242 B. Center st Plaintield I
Subscribed and sworn to before me this day of	Subscribed and sejorn protetore me this day of
tennie Tawsordierk of the HENDRICKS Circuit Court	Connul Dawson Sterk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ne, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS 58:	State of Indiana) HENDRICKS 68:
County of PERSONNESS 10 #	County of READERCES 1D #
Alother ID #	MotherID #
Subscribed and secon to before me thisday of	Subscribed and sworn to before me this
Clerk	Clerk
	A marriage license having been refused to the above named parties the
CIMPLETE IS MANNAGE LICENSE ISSUED BY ODDED OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
County	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
and filed in, authorize, authorize	zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
and filed in, authorize, authorize	zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 6-6-91 , authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, David P. Hensley
County, authorize and filed in, authorize RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the County, authorizing the marriage of, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of
County	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of
County	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cleated 6-6-91 , authorizing the marriage of and Kerry L. Rohrer I, Carl Akard Riley (date), at Plainfield David P. Hensley of Hendricks	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of

mani Lawson

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Yes Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married DOM No. of Previous Marris Never Married OF No. of Previo Divorce _ Death Last Marriage Ended By: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes No 🗹 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 Yes 🗆 er is "ves." has the adjudication been removed? No D No Q Yes 🗸 Are you related to the female applicant closer than second cou No 🗸 Yes 🗌 Xes 🗆 No D No D Yes 🗌 No Yes now under the influence of a narcotic drug? List the full names of any dependent children. ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this ma ats of this applicant, hereby give consent for this marriage. If only one parent sign HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, , authorizing the marriage of _ and _ Sandra Lynn Trisler . I further certify that the following marriage certificate was filed in my office: (name), certify that on _ Hendricks George Plasterer Plainfield County, Indiana, (date), at ____ John Drew Chrisham Indiana Marion (state), and County Indiana Sandra Lynn Trisler Hendricks (state) were married by me as authorized County.

HENDRICKS

(date).

Minister

7-3-91

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

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

Signed by: /s/ George Plasterer

County, Indiana, dated _

(official designation)

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

No. 260

6-07-91

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Wm. Cdwards, M.D.
MALE APPLICANT	FEMALE APPLICANT
une First Middle Last	Name & First Middle Mishele Clartox
Acoust 1000	Date of Birth Month Day Year
of Birth Month Day 1948	7 19 1960
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street of R.R., City County State	Residence Address Street or R.R. City County State
ious Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages 2
	- 7 - 100:
Marriage Ended By: Death Divorce Annulment Date 1942	Last Marriage Ended By: Death Divorce Annulment Date 1991
of birth verified by: Birth Certificate General Specify) Drivers & Ricense	Date of birth verified by: Birth Certificate Dother (Specify) Drivet's Ricense
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes Asherset 2.
List the full names of any dependent children.	5. List the full names of any dependent children.
0.1.8 (700)	6. (a) Full name of applicant's father William Farrest Claritox
(a) Full name of applicant's father Bat E. Henry	6. (a) Full name of applicant's father. William Sources (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Criana	Residence of father (if deceased, so state) Problema
Birthplace of father (State or foreign country) Oblohoma 3.	Birtholace of father (State or foreign country)
(b) Full maiden name of applicant's mother Martha how Keel	(b) Full maiden name of applicant's mother Eller Elizabeth Little
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) College	Birthplace of mother (State or loreign country)
the above applicant hat objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed X Signed X
New Address Secribed and sworn to before me this	New Address Subscribed and sworn to before me this day of
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
inty of	County of HENDRICKS SS:
her ID #	Father ID #
herID #	Mother ID # ID ID # ID ID # ID ID # ID
scribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
nd filed in, authoriz	Court, by written order issuedzes and directs the issuance of a marriage license to the above named parties.
BETURN OF MARRIAGE LICEN.	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C ated $\frac{6-7-91}{}$, authorizing the marriage of ${}$	Clerk of the Circuit Court of HENDRICKS County, Indiana,
d Elise Michele Clanton	I further certify that the following marriage certificate was filed in my office:
Cynthia J. Spence	(name), certify that on 6-7-91
ate), at Danville	inHendricks County, Indiana,
James Warren Townsend of Hendricks	
der a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorized of HENDRICKS County Indiana dated 6-7-91
ened by: /s/ Cynthia J. Spence	
led and recorded in accordance with the laws of the State of Indiana on_	6-7-91 (date).
	Signed Connue Fauson Clerk
	HENDRICKS Circuit Col

Mark Allen Harrell

Karen Sue Collins

Signed by: /s/ David C. Lueloff

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated
Name of Physician David Lodley, M. D A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Divorce Death Last Marriage Ended By: Death Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No D Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 er is "yes," has the adjudication been removed? No D Yes 🗌 r is "yes," has the adjudication been removed? No 🗆 Yes 🔲 No 🖪 Are you related to the female applicant closer than second cousin? Yes 🔲 you related to the male applicant closer than second cousin? No TO Yes 🔲 No d Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug? No 🗹 Yes 🔲 Wallace Imas List the full names of any dependent children. anenda Sue Collies 24rs. Clarence J. Collins Frank J. Harrell nidiara place of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Mary n. Leanaster ed, so state) Indian Indiana Birthplace of mother (State or foreign country) mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana State of Indiana HENDRICKS Mark allen Horrell Signed X Flaren Mile day of Julie , 19 91 Subscribed and sworn to before me this CONSENT OF PARENTS, PARENT, OR GUARDIAN parents of this applicant, hereby give consent for this marriage. If only COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, and Karen Sue Collins . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-14-91 David Carl Lueloff (name), certify that on _ (date), at Good Shepherd Baptist Church in Morgan County, Indiana,

__ County _ Indiana County _ Indiana

6-19-91

HENDRICKS

Assistant Pastor (official designation)

(date).

_(state), and _

County, Indiana, dated _

(state) were married by me as authorized

Circuit Court

of Hendricks
Hendricks

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

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Female Applicant 50

No 🗹

rowson

HENDRICKS

Clerk

Circuit Court

If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician __ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT ndeana Divorce _ Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes 🔲 No 🗹 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🔲 er is "yes," has the adjudication been removed? No 🗆 If answer is "yes," has the adjudication been removed? No 🗹 Yes 🔲 Nov Yes 🔲 Are you related to the female applicant closer than second cousin? No 🗸 Yes 🗌 No 🗹 Yes 🔲 Yes 🔲 No E Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Surdiana Grana Ladiana Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country). ACKNOWLEDGMENT ACKNOWLEDGMENT wledge that I have received information regarding dangerous communicable diseases dge that I have received information regarding dangerous communicable diseases ture of Applicant X Kathleon The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

dated 6-7-91

authorizing the marriage of Howard Victor Griffith HENDRICKS _ County, Indiana, 6-7-91 _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-29-91and Kathleen Ann Kelley Robert C. Ellenberger (name), certify that on _ (date), at New Brunswick
Howard V. Griffith . County, Indiana, Indiana Hendricks County _(state), and _ of Hendricks Indiana Kathleen A. Kelley County_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of . County, Indiana, dated _ Minister Signed by: /s/ Robert C. Ellenberger (official designation) Filed and recorded in accordance with the laws of the State of Indiana on.

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr Daw Haggard
MALE APPLICANT	FEMALE APPLICANT
Pusty Lee Stanley	Name Lisa Middle Frigar
Date of Birth Month Day 4 Year	Date of Birth Month Day 2 Year 6 4
Place of Birth (State or foreige-country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Douby State	Residence Address Street or R.R. City County State Of Street or R.R.
TO O MARIE STATUS: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Drune: Lee.	Date of birth verified by: Birth Certificate Souther (Specify) Andrew Tec
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
The	
(a) Full name of applicant's father Rabert Harton Strales	6. (a) Full name of applicant's father Lauell allen thyar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sance Faye Rase	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother dry Law
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Plenfield, In	Residence of mother (if deceased, so state) Al. Fellisheng, II
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Date 6/10/9/	Signature of Applicant Jusa Tuyar Date 6-10-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Signed New Address Same	New Address same
Subscribed and sworn to before me this 10 4 day of June , 19 91	Subscribed and sworn to before me this 10 4 day of June 1991
Connic Lawren Clerk of the HENDRICKS Circuit Court	Cornie dawar Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss.	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS
father ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-10-91 , authorizing the marriage of _	I further certify that the following marriage certificate was filed in my office.
nnd Lisa Ray Pryor I, Rev. Jerry Rairdon	I further certify that the following marriage certificate was filed in my office (name), certify that on6-15-91
(date), at Plainfield	in Hendricks County, Indiana,
Rusty Lee Stanley of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized f County, Indiana, dated 6-15-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Jerry Rairdon	,
Filed and recorded in accordance with the laws of the State of Indiana on_	6-19-91 (date).
	C 2
	Signed Circuit Courses Circuit Courses

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File _

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🕅 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name / First / Middle Last	Name First Middle Last
Scott Edward Johnson	Cynthia Medjeski
Date of Birth Month Day Year	Date of Birth Day Waar
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
RR 1 Box 255.55 Kittsboro	822 N. 315 362 B. Durg IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Control (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
Date of birth verified by: Birth Certificate Cycliner (Specify) Dr. Lic.	
4 -	
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Taranta Talucat	6. (a) Full name of applicant's father John Frank Medijesti
6. (a) Full name of applicant's father Jerry Lee Johnson	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Todapts . To
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Sandra Kay Fo Madison	(b) Full maiden name of applicant's mother Rosemanie borroda
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Pittsboro IN	Residence of mother (if deceased, so state) Traps. In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). 4
Signature of Applicant X & LOW 4. Johnson Date 6/07/91	Signature of Applicant X Comthaid Miduski Date 6-7-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Old Court State St	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed X 1 cou (. Yourse	Signed X Cynthia Midyst
New Address	New Address
Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court	Subscribed and sworth to before me this day of
200000	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Const of Indiana	Control Indiana
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS Ss:
FatherID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
COMPLETE IS MADDIAGE LIGHTING INQUIED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-7-91, authorizing the marriage of _	
and Cynthia Medjeski	. I further certify that the following marriage certificate was filed in my office.
I, Rev. Kenneth Taylor (date), at Indianapolis	(name), certify that on 7-29-91
Scott Edward Johnson of Hendricks	_ in County, Inatana,
	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ Rev. Kenneth Taylor	, Catholic Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-5-9\ (date).
The second secon	Signed Comie Laws Clerk
BOYCE FORMS • SYSTEMS LANGARDAMO 1477	HENDRICKS Circuit Court

____ Clerk _Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes I If No, Medical Examination or Report Dated Name of Physician Downg Med. Center
MALE APPLICANT	FEMALE APPLICANT
The First Middle Last Seed of Birth Month Day Year Seed Birth (State or foreign country) Didence Address Street or R.R. City. County State Stroke Address Street or R.R. City. County State Stroke Marriage Ended By: Death Divorce Annulment Date 8 Divorce Annulment Date 8 Annulment No 1 Yes If answer is "yes," has the adjudication been removed? No 1 Yes 1	Name First Middle Last Pector Rector Date of Birth Month 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 Dotter (Specify) 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I the answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father Donald Wesley Carlisle	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Donald Rugene Westerna (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 Patricia Kay Walsh (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Indpls: IN Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Inature of Applicant Date C/7/9/ Be above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
rk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
te of Indiana I swear/affirm that the information given ss: Signed New Address Discribed and swere to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Saura U. Berton New Address Subscribed and swoth to before me this Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary te of Indiana The parents of this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this marriage. If only one parent signs, the parents of this marriage is the parents of the other parent unnecessary. The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of the other parent unnecessary. The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of the other parent unnecessary. The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of the other parent	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
ID #	Father
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, Kent Westley Carlisle
	I further certify that the following marriage certificate was filed in my office:

HENDRICKS

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Circuit Court

No. ___

HEN .	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No B Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
- David Richard Pennintan	Name Denise Grand Last
Day Year 8	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married D OR No. of Previous Marriages	sills lenter st. lita.
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date
7 .06	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
	List the full names of any dependent children.
6. (a) Full name of applicant's father Sonald Lee Pennington (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 Linda Low Thomas (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Way Warren Lowe (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 larol Jayre Woolf (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Signed Si	State of Indiana County of HENDRICKS Signed X New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Signed X Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS
ONSENT OF PARENTS, PARENT, OR GUARDIAN	Circuit Court
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana
ounty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	FatherID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
- 1 11 - 1 1	Court, by written order issueds and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cler	the Circuit Court of HENDRICES
, authorizing the marriage of	- atta kichara rennington
Rev. John C. Parsley	. I further certify that the following marriage certificate was filed in my office: (name), certify that on6-29-91
ate), atFirst Baptist - Plainfield	in Hendricks County, Indiana,
Denise Gaye Lowe of Hendricks	Indiana (State), and
der a marriage license that was issued by the Clerk of the Circuit Court of greed by: _/s/ Rev. John C. Parsley	HENDRICKS County, Indiana, dated 6-7-91
led and recorded in accordance with the laws of the State of Indiana on	, Baptist Pastor (official designation) (date).
	Con L
SE FORMS * SYSTEMS 1-800-382-8702 1477	gned Clerk HENDRICKS Circle
	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No E Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician La Joseph Thampson circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Indiana Divorce 🔲 Last Marriage Ended By: Birth Certificate Other (Specify) Druves Xuuns ☐ Birth Certificate ☐ Other (Specify) No Yes No 🗸 Yes 🗌 No 🗆 Yes 🗆 No 🗆 Yes 🔲 No Yes No D Yes 🔲 No 1 No V Yes Yes 🔲 No Yes No D Are you now under the influence of a narcotic drug? James Xeland Ulusson Paul allen Saucier Indiana Barbara to Cleveland Indiana Lindiana ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant Total Type Moutten The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana I swear/affirm that the information given I swear/affirm that the information given 1810 N. Autoou Tudals Ind. Same HENDRICKS HENDRICKS Circuit Court The Oramore CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ______ dated ______ 6 -91 ______, authorizing the marriage of ______ Anthony W. Wilson County, Indiana, Lori L. Martin . I further certify that the following marriage certificate was filed in my office: (name), certify that on ___6-11-91 Paul T. Brenton (date), at ___ Danville Hendricks County, Indiana, of_ Hendricks Anthony W. Wilson County Indiana _(state), and _

_ County_Indiana

6-12-91

HENDRICKS

(date).

, Judge Pro Tem

(state) were married by me as authorized

Circuit Court

County, Indiana, dated 6-11-91

(official designation)

of Hendricks

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

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

Lori L. Martin

Signed by: /s/ Paul T. Brenton

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
HENI	DRICKS County File
	6-10-91
	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 A Yes I If No, Medical Examination or Report Dated 5-18-91 Name of Physician Da. B. July Market Date , D.D.
MALE APPLICANT	EEMALE APPLICANT
Name First Middle	FEMALE APPLICANT Name First Middle Last
Date of Birth Day Vear	Date of Birth Month Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
9 7 Shelah Shelah Shelah Jendrichs, IN Previous Marital Status: Never Married OR No. of Previous Marriages	1198 Dan Jones R.D. B. L'O'GED, Hendrich, I
	Previous Marital Status: Never Married OR No. of Previous Marriages
Date Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Sycanse	Date of birth verified by: Birth Certificate Other (Specify)
	State I. D. earl
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Yes
Are you now under the influence of an alcoholic beverage? Notation Yes Are you now under the influence of a narcotic drug? Notation Yes The second sec	3. Are you now under the influence of an alcoholic beverage? No Yes ☐
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
6. (a) Full name of applicant's father 2, U, Whitaber	6. (a) Full name of applicant's father Wan Dell Hibbons
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Helen Lose tennely	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (b) Annual Ann
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
	Date
State of Indiana County of HENDRICKS, SS Signed Subscribed and sworn to before me this 10 the HENDRICKS Indianal Subscribed and sworn to before me this 10 the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this LOTA day of HENDRICKS Clerk of the HENDRICKS State of Indiana I, swear/affirm that the information given in this application is true and correct. Address Subscribed and sworn to before me this LOTA day of HENDRICKS
	Connu Tawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN No, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
ather ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
- Tourney	Court, by written order issued
, authorizes	s and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cler $6-10-91$, authorizing the marriage of	ek of the Circuit Court of
Refly Jeanne Gibbons	. I further certify that the following marriage certificate was fled in way.
date), at Indianapolis	(name), certify that on 6-29-91
Harvey Joe Whitaker of Hendricks	in Marion County, Indiana, (state) and
Kelly Jeanne Gibbons of Hendricks Cour	nty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of _ igned by:/s/ Gerald Adamson	County, Indiana, dated 6-10-91
iled and recorded in accordance with the laws of the State of Indiana on	-, Pastor (official designation)
	C . P
마음을 하고 있는데 그렇게 그 내가 있다면 내 때문에 가면 보고 있다면 하면 하는데	gned Clerk HENDRICKS Circle
DYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

	No. 269
HEND	RICKS County File
	6-10-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⊠ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 6-4-91
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Oxobert D. airlo, MD
10 31-7-3 commits a class b leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name First William Johnson	Name First Middle Hast Last Luxler
Date of Birth Day Year	Date of Birth Month Day Year O
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street or R.R. City County State	Residence Address Street or R.R. City County State
3401 Dimberwood, Blofed, Genorulas, In Previous Marital Status: Never Married & OR No. of Previous Marriages	1060 Delwood Dr. Thonesville, Morgan, In Previous Marital Status: Never Married & OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Science	Date of birth verified by: Birth Certificate ** Other (Specify) Drivers Sicanse
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No√√√ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes □ 4. Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children.	List the full names of any dependent children,
6. (a) Full name of applicant's father Marvin William Johnson	6. (a) Full name of applicant's father John Charles Huyle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Help E. Smith	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Edith Marie Morton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Jenn,	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 6/10/9/	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X. Anne M. Yeyden Date 6/10/9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed No. Johnson I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Signed I swear/affirm that the information given in this application is true and correct.
New Address Subscribed and sworn to before me this 10 th day of the 19 91	New Address Subscribed and sworn to before me this 10 th day of the 19 9/
Subscribed and sworn to before me this 10 th day of the 19 91 Connie Source Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 10 th day of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	I A marriage license having been refused to the above named parties, the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 6-10-91, authorizing the marriage of	Mark W. Johnson
and Anne M. Guyder Allen K. Kirk	I further certify that the following marriage certificate was filed in my office: (name), certify that on6-29-91
(date), atMooresville	Management
Mark W. Johnson of Hendricks	County Indiana (state), and
Anne M. Guyder of Morgan Co under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized

County, Indiana, dated _

(date).

(official designation)

_Clerk Circuit Court

, Minister 7-2-91

Signed .

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Allen D. Kirk

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

HENDRICKS

County

270

_Circuit Court

File_

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No 🖄 Yes 🗆 If No, Medical Examination or Report Dated 6 - 7 - 91
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Comb
MALE APPLICANT	
Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Date of Birth Watson Know Watson	Carla S, Wratt
12 13 60	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 413 Stentiels Danielle Hendriches TN	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OFNo. of Previous Marriages	Some de la companya della companya della companya de la companya della companya d
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 4-87	Last Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 5-91
Date of birth verified by: Birth Certificate Dother (Specify) Drivers Science	Date of birth verified by: Birth Certificate AOther (Specify) Drivers Sicense
Are you now or have you ever been adjudged to be of unsound mind?	
1. Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children. Sustine Thickael Watson	List the full names of any dependent children.
5. (a) Full name of applicant's father Emory Eugene Watson	6. (a) Full name of applicant's father Hayler Bennett, yo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Palana
(b) Full maiden name of applicant's mother Doris ann Drennar	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Ohnglis Carol Darn
Residence of mother (if deceased, so state) Indiana	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Tholiano	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease:
mmune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Harroy K. Watson Date 6-11-91	Signature of Applicant X Carla S Wyatt Date 6-11-9
The above englished her ekisted to will be to	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of	County of HENDRICKS ss: in this application is true and correct.
Signed X Kandy K Walson New Address Same	Signed X Carla S. Wyatt
subscribed and sworn to before me this 11 th day of the 19 91	New Address Subscribed and sworn to before me this 11th day of 21 a 19 9 (
Coming Source Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 1th day of 4, 19 9 (When the HENDRICKS Circuit Court
CANCENT OF PLOTING ALLERY	Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
日本部 (E2 ながよ 中央工作機 ジオ Fire 1) かまましまままの (E1 中国 1) (E1	state facts which make the consent of the other parent unnecessary
tate of Indiana) Supply of HENDRICKS SS:	State of Indiana)
ounty of	County of HENDRICKS ss:
other ID #	Father ID #
ubscribed and sworn to before me thisday of, 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Clerk
County	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
ned, authorizing the marriage of	Randy K. Watson
as out to be my at t	. I further certify that the following marriage certificate was filed in my office:
leta) at Danasi 11-	in Hendricks County Indiana
Randy K. Watson of Hendricks	County Indiana (state)
Carla S. Wyatt of Hendricks Cou	inty Indiana (state) were married by
ider a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS 6-14-91
gned by: /s/ Janice S. Chilewski	Chief Deputy Clerk (official designation)
in accordance with the taws of the state of Indiana on	(date).
	signed Comie Lauren
	HENDBIGUE
E FORMS • SYSTEMS 1-800-382-8702 1477	- Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

	6-11-91 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 6-14-91 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Michael First Clark Scott	Name Claudia, First Middle Alinnutt
Date of Birth Month Day Yest /—	Date of Birth Ortogram Month Day 3 1845
november 9 1945	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Indiana	Indiana
1857 Heritman Weer Daniell Herderich State	Residence Address Street or R. City Le County State State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
late of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate D'Other (Specify) Wruse License
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes	2. Are you related to the male applicant closer than second cousin?
	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Ye
Are you now under the influence of a narcotic drug? No ☑ Yes ☐ List the full names of any dependent children.	5. List the full names of any dependent children.
List the full names of any dependent children.	5. Elst tile for raines of any dependent condition.
0.01.11	nt 1 Assaulta 1
(a) Full name of applicant's father Omer Clark Scott	6. (a) Full name of applicant's father there are Caper Caylor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	nesidence of lattier (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Franciscisciscing Castern	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother asyphism Storpinal Usakine
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Section	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant X Wish Scr Date 6-11-91	Signature of Applicant X Claudla To Tunnett Date 6-11-91
7 7 0	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:) in this application is true and correct.	County of HENDRICKS ss: \(\sigma \) in this application is true and correct.
Signed Technical (, Sell	Signed Capacita De Dunnett
New Address	New Address Suffice
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Brue Jauron Glerk of the HENDRICKS Circuit Court	Course Jamson Hell of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) County of HENDRICKS SS:
atherID #	County of
Anther ID #	MotherID #
subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authori	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
	Michael Clark Scott
and Claudia Jo Stinnett John P. Roof	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on
Michael Clark Scott of Hendricks	in
Clarity To Chinashba Washinka	County Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court o	of HENDRICKS County, Indiana, dated 6-24-91
Signed by: /s/ John P. Roof	
Filed and recorded in accordance with the laws of the State of Indiana on_	6-24-91 (date).
	C . P
	Signed Onne Sawon Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

HENDRICKS

No. 272

Circuit Court

File _

_ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 6-3-91 Name of Physician Or Physician Satisfier, M. D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Thunn.	- Indiana
712 Depley RD, West Longouette, Lipperance, IN	Residence Address Street of R.R. City County State 18 Burns Or Brownshurs Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Bother (Specify) Drivers License	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	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "'yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Y Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage? Nortal Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Surger 4h, Homog	6. (a) Full name of applicant's father Malcolm & Moore
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) The state of the state
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sertule Dallragen	(b) Full maiden name of applicant's mother Kany F. Herrina
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list/of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 6-11-91	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS I swear/affirm that the information given in this application is true and correct.	State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given I see a state of Indiana I swear/affirm that the information given
County of	County of HENDRICKS ACCURATE TO A CONTROL OF THE AND SIGNED AS SIG
New Address 18 Burnes Dr Brownshurg.	New Address Same
Subscribed and sworn to before me this 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 19	Subscribed and sworn to before me this
Connection Clerk of the HENDRICKS Circuit Court	Commie Formson Clerk of the HENDRUCKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $\frac{6-11-91}{}$, authorizing the marriage of $$	
	I further certify that the following marriage certificate was filed in my office:
	W
(date), atIndianapolis ofTippecanoe	_ in Marion County, Indiana,
	county [state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
	- j
Filed and recorded in accordance with the laws of the State of Indiana on	7-16-91 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

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STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

	6-12-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No V Yes If No, Medical Examination or Report Dated 6-4-91 Name of Physician Or. Sirtach, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name K First Middle Last
Date of Birth Months Day Year 4 30 68	Date of Birth Month Cay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State P. O. But 116 US 40, Stiles wille, Hendrich, IN Previous Marital Status: Never Married OR No. of Previous Maritages	Residence Address , Street or R.R. City County State 230 Besidence , Barban City, Randolph , IN Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Science
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother flower f	6. (a) Full name of applicant's father Saul Charles Hoerst (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 Saul Sturrey (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant
Signed Si	Signed X Harlager In this application is true and correct. New Address Same day of Sune 19 91 Connue Sausson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) Ss:
Mother ID #	Mother ID #
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cleadated 6-12-91, authorizing the marriage of and Kathryn Joan Hoerst	Tracy Lee Crum Tracy Lee Crum Tracy Lee Crum Tracy Lee Crum
, — — — — — — — — — — — — — — — — — — —	(name) certify that on 1-20-91
date), at Parker City Tracy Lee Crum of Hendricks	County Randolph (state) and
Mathryn Joan Hoerst of Randolph Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Carl Q. Baker	nty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 7-20-91
Filed and recorded in accordance with the laws of the State of Indiana on	_ , Pastor (official designation) 7-23-91
	igned Connie Jawson Clerk HENDRICKS Circuit Court
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No 🗆 Yes Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dr. Horrell IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Lansa reign country) assachusetts Date 1983 Date of birth verified by: Birth Certificate Gother (Specify) Drives No M Yes 🔲 No V Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No D Yes 🗌 r is "yes," has the adjudication been removed? No 1 If answer is "yes" has the adjudication been removed? No E Yes 🔲 No M you related to the male applicant closer than second cousin? Yes 🗌 Are you related to the female applicant closer than second cousin? Yes 🔲 No 1 Yes 🔲 Are you now under the influence of an alcoholic beverage? Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Christian M. Me Clare Birthplace of father (State or foreign country). Carrier Parker nations Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) Chigleria ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana HENDRICKS day of June 19 91 CONSENT OF PARENTS, PARENT, OR GUARDIAN state facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ and filed in ., authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, James Eugene Hanna _, authorizing the marriage of ___ dated 6-13-91 and Mary Christine Schlachet . I further certify that the following marriage certificate was filed in my office: 6-22-91 I. Frederick M. Busby _ (name), certify that on _ (date), at _ Anderson Madison County, Indiana,. County _ Indiana _ of_ Hendricks James Eugene Hanna _(state), and _ Mary Christine Schlache of Hendricks __ County __ Indiana (state) were married by me as authorized County, Indiana, dated 6-22-91 under a marriage license that was issued by the Clerk of the Circuit Court of _

(official designation)

Clerk

Circuit Court

(date).

HENDRICKS

Minister

6-25-91

Signed by: /s/ Frederick M. Busby

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

Michael Dean Oda

Dorothy Ruth Skinner of

under a marriage license that was issued by the Clerk of the Circuit Court of - Signed by: ____ /s/ Rev. George W. Curry

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician ________ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date of Birth Never Married OR No. of Prev OR No. of Previous Mar Previous Marital Status: Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) Yes 🗌 No d Are you now or have you ever been adjudged to be of unsound mind? No 🖺 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? 'yes," has the adjudication been removed? No 🗹 Yes 🔲 No d Yes 🗌 related to the female applicant closer than second cousing No 🗹 Yes 🔲 No 🗹 Yes 🔲 No 🗹 No 🗹 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. Durin Oda elsa Pale maliona maiara Indiara Indiana of mother (State or foreign country) Indiana ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN its of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, $_$, authorizing the marriage of $_$ and Dorothy Ruth Skinner . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-22-91 I, Rev. George W. Curry _ (name), certify that on (date), at _ Brownsburg Hendricks County, Indiana,

County Indiana

Pastor

7-5-91

County_

Indiana

HENDRICKS

(date).

Lawan

HENDRICKS

_(state), and _

(official designation)

County, Indiana, dated _

(state) were married by me as authorized

Clerk

Circuit Court

Hendricks

No. 276

HENDRICKS County File	
	6-13-91 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 A Yes If No, Medical Examination or Report Dated 5-9-91 Name of Physician On Donales Wille, MO
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Wicher	Name Bornita K. Masten
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3431 Butler Ct. It. Wayne, alley, Indiana	670 E. Wall St. Orba, Olafla, Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Excense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes Yes Yes Yes Yes Yes Yes Yes
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	6 (a) Full name of applicant's father Sonold Dale Master
6. (a) Full name of applicant's father David allen Whicker	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) The state of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother sugarne Oxitledoce	(b) Full maiden name of applicant's mother Somona Stare Sparks
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Endiana
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.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Limit Grant Gran	State of Indiana County of HENDRICKS Signed Signed Management Si
Subscribed and sworn to before me this 13th day of HENDRICKS . 19 91 Connect Paure Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 13th day of the HENDRICKS, 19 91 Connic Squitage Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS Ss:
Father ID #	Father ID #
Mother ID #	MotherID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of	Timothy A. Whicker
and Bonnita K. Masten	I further certify that the following marriage certificate was filed in my office:
I, Howard Cupp (date), at Danville	(name), certify that on
	County Indiana (state) and
Timothy A. Whicker of Allen Bonnita K. Masten of Hendricks Co	ounty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	F County, Indiana, dated6-15-91
Signed by: _/s/ Howard Cupp Filed and recorded in accordance with the laws of the State of Indiana on	6-20-91 (date).
	0. 4.
	Signed Clerk HENDRICKS Circuit Court
	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

	6-13-91 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 X Yes If No, Medical Examination or Report Dated 6-13-91 Name of Physician Ar, Yhank Wyant, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Derall F. Last Lowan	Name First Middle Bracksman
Date of Birth Month Day Year 3	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Ocity County State 4829 Brown Day, 82000, Hendrich IN	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	3227 Lugise Or, Indiple Marian In. Previous Marital Status: Never Marriad OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date 1 – 8 6
Date of birth verified by: Birth Certificate Other (Specify) Privers Scense	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Science
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓ Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ✓ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No ☒️ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☒️ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Sanette R. Brachman
6. (a) Full name of applicant's father acron W. Down	6. (a) Full name of applicant's father John L. Daniels
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) December 1	Residence of father (if deceased, so state) W, Va., Birthplace of father (State or foreign country) W, Va.,
(b) Full maiden name of applicant's mother Huldon Heaton	(b) Full maiden name of applicant's mother Helen M. Daralling
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) W. Va., Birthplace of mother (State or foreign country) W. Va.,
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Ss: Swear/affirm that the information given in this application is true and correct. Signed Subscribed and sworn to before me this 3 the day of HENDRICKS 19 9 19 19 19 19 19 19	State of Indiana County of HENDRICKS Signed Signed Activated Forackman New Address Subscribed and sworn to before me this 13 to day of the HENDRICKS Circuit Court
CONSTANT OF PAPER TO	On the Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of <u>HENDRICKS</u> ss:	County of HENDRICKS ss:
ather ID #	FatherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	Gerald F. Gowan
R. Fred Rodkey	I further certify that the following marriage certificate was filed in my office:
date), at 9:00 PM	in Hendricks County Indiana
Gerald F. Gowan of Hendricks Carrol A. Brackman of Hendricks Country of Marriage ligence that was invested by Country of Marriage light li	County Indiana (state), and
under a marriage license that was issued by the Clark St. C.	inty Indiana (state) were married by me as authorized
inder a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/R. Fred Rodkey	
filed and recorded in accordance with the laws of the State of Indiana on	6-21-91 (date).
	C . +
	iigned Onne October Clerk
OVE FORMS - SYSTEMS 1,000,000,0000 1,477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

HENDRICKS

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 6-11-91 Name of Physician Dr. Jerri Brown, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Las'	Name First Middle Carrina Date of Birth Month Day Year 6 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 2452 Pable of Banterna Rd. Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 7 ~ 85
Date of birth verified by: Birth Certificate Stother (Specify) Drivers License	Date of birth verified by: Birth Certificate Pother (Specify) Drivers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Court of the full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mather (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Amanda Thare Dandy 6. (a) Full name of applicant's father Loady (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 Selection Amanda Thare (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 6-13-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X. Daniel Date 6-13-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 3 day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X New Address Subscribed and sworn to before me this 3th day of Super 19 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of , 19 Clerk	State of Indiana) ss: County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorized	A marriage license having been refused to the above named parties, the Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated6-13-91, authorizing the marriage of andCorrina A. Daudy	erk of the Circuit Court of HENDRICKS County, Indiana,
I, Gregory Robert Butchart (date), at Indianapolis James G. LaFord of Hancock Corrina A. Daudy of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	(name), certify that on6-15-91inMarion
Signed by: /s/ Greg Butchart Filed and recorded in accordance with the laws of the State of Indiana on	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 6-1591 No 🗆 Yes Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Dr. Ferda Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT ours Date of Birth 2 ndlone M-1000 E us Marital Status: Divorce Divorce Birth Certificate Other (Specify) Other (Specify) Birth Certificate No 🗹 Yes 🔲 No ☑ Yes □ Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No / Yes No 19 Yes 🔲 No Yes 🗌 related to the female applicant closer than second cou No 🗹 Yes 🗌 No Ves now under the influence of an alcoholic beverage? No 🗆 Yes 🗌 No Yes Are you now under the influence of a narcotic drug? William Lovens Richard a. Halup Indersa Indiasa nullora nother Downa Can Indian Residence of mother (if deceased, so state) Quality Birthplace of mother (State or foreign country) Proclinga of mother (State or foreign country) **ACKNOWLEDGMENT** ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN nts of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ______ 6-13-91 _____, authorizing the marriage of Steven A. Haley County, Indiana, , authorizing the marriage of _ Steven A. Haley . I further certify that the following marriage certificate was filed in my office: Karla A. Lovins Father Charles Sean Chesebrough 6-25-91 _ (name), certify that on ___ I. _ Danville Hendricks County, Indiana, (date), at _ of_Hendricks County _ Indiana _(state), and . Steven A. Haley County Indiana of Hendricks (state) were married by me as authorized Karla A. Lovins

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

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

Signed by: /s/ Father C.S. Chesebrough

County, Indiana, dated 6-22-91

Clerk

Circuit Court

(official designation)

HENDRICKS

Pastor

6-25-91

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

6-/3-9/ Date of Application

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Separation of Report Dated Name of Physician Size Clark, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Works Henrich Toda	Name Rebeaca Keth Linshow
Date of Birth Month Day Year 50	Date of Birth Morith Day Year 1966
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County County State P.O. Box 18 Clarifor, Hendricke, Frediona 4618
resigence Aggress 68, Clayton, Hindricks, Quidiara 46118	The state of the s
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married To GR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date
tate of birth verified by: Birth Certificate Gentler (Specify) Driver in Received	Date of birth verified by: Birth Certificate Wither (Specify) Plure & Lectuse
- Quyu S Macket	
	Are you now or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes." has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗹 Yes 🗌
List the full names of any dependent children.	List the full names of any dependent children.
A STATE OF THE PARTY OF THE PAR	
(a) Full name of applicant's father Carl Total	6. (a) Full name of applicant's father Herman Hisskew
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thomas American
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Susaita Busaith
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Andiesa	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Miliana	Birthplace of mother (State or foreign country) Miliana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed X New Address Subsocibed and sworn to before me this HENDRICKS Signed X New Address Subsocibed and sworn to before me this HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Lower Lo
CONNUC ZOWSOF Clerk of the HENDRICKS Circuit Court	Control of the Control of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign:
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Scart of HENDRICKS ss:	State of Indiana) County of HENDRICKS) ss:
Father ID #	County of ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
County	A marriage license having been refused to the above named parties, th Court, by written order issued
	zes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICEN I certify that there was filed in my office a marriage license issued by the C dated $\frac{6-13-91}{1}$, authorizing the marriage of $\frac{1}{2}$	SE AND MARRIAGE CERTIFICATE The county of the Circuit Court of HENDRICKS County, Indiana John Henry Todd
and Rebecca Ruth Hinshaw	I further certify that the following marriage certificate was filed in my office
I, S.V. Stiles	(name), certify that on 6-22-91
(date), at Danville	in County, Indiana,
John Henry Todd of Hendricks Rebecca Ruth Hinshaw of Hendricks C	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	of County, Indiana, dated
Signed by: /s/ S. V. Stiles	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	6-25-91 (date).
	Signed Conne Lowson Cler
	HENDRICKS Circuit Cour

	No. 281
HENL	DRICKS County File
	8-14-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⊠ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Waine ling Judge Boles
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Vouno Vouno Vouno	Name Modele Last Middle McCarthy
Date of Birth Month Day Year	Date of Birth O Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address , Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
	THE RESIDENCE OF STREET, SAN THE PARTY OF STRE
Last Marriage Ended By: Death Divorce Annulment Date 7 - 23 Date of birth verified by: Birth Certificate Cother (Specify)	
- Built continue Danie (Specify) Druvers Specific	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?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No 2. Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ✓ Yes □
5. List the full names of any dependent children. Sarah Katherine Young	List the full names of any dependent children.
0.000	AND RESIDENCE OF THE PARTY OF T
6. (a) Full name of applicant's father terth there young	6. (a) Full name of applicant's father Merrich 7. The Carthy
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Sharan	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Irilba Marie Cauffman	(b) Full maiden name of applicant's mother Viraginia B. Butz
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Thicking and the state of the state
Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ARRANA BERNAMAN TANDAR SANTAN	Shapace of money (oute or longin county).
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for, the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired).
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Am / 6. Jan 3 Date 6/19/9/	Signature of Applicant & Mengree G. Walasty Date 6-14-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ssy	County of HENDRICKS
Signed X Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Signed Stagen usnany
Subscribed and sworn to before me this 14 th day of the 19 91	Subscribed and sworn to before me this 14th day of 2000 19 91
Connie Syawson Clerk of the HENDRICKS Circuit Court	Connie Sources Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	Court by written order issued
and filed in, authorize	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	THE RESIDENCE OF THE PROPERTY OF THE PROPERTY AND ADDRESS OF THE PROPERTY OF T
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
aated, authorizing the marriage of	Ruft A. Young
	. I further certify that the following marriage certificate was filed in my office:
(date) at Westfield	(name), certify that on 6-29-91 in Hamilton County, Indiana,
Kurt Alan Young of Hendricks	County Indiana (state), and
Marjorie Ann McCarthy of Hendricks Cou	inty Indiana (state) were married by me as authorized

County Indiana
HENDRICKS

7-8-91

Signed .

Judge Pro Tem

(date).

HENDRICKS

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

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

Signed by: /s/ Ronald F. Griffin

(official designation)

____ (state) were married by me as authorized _____ County, Indiana, dated _____ 6-29-91

Clerk Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name / First - Midgle (Last)
Date of Birth Mofth Day Yest	Date of Birth Month Day Year
16 1959	June 29 1964
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Grunty State
1139 Delpartelan Sume, 15	60 Villen Hills the Grawsoliure
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Quefer (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
- Contract	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Xes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Lellalin, and the second seco	5. List the full names of any dependent children.
1	0. 0.
6. (a) Full name of applicant's father Slaval Am Some	6. (a) Full name of applicant's father Milis & Allson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Wien Pouter	Birthplace of father (State or foreign country)
to the state of applicant and the state of t	(b) Full maiden name of applicant's mother (b) Molecular applicant's mother (b) Molecular applicant's mother (b) Molecular applicant's mother (c) Molecular applicant
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the last sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date Zanz 14,41	Signature of Applicant Stephanie & Nelson Date June 14,19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Old To Court	Clerk of Court
State of Indiana I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 1134 Ste epy Hollow Clarke, N.S.	Signed Katephanie & Nelson New Address 1134 Sleggy Hollow Olathe, K5 660
Subscribed and swore to before me this /4 day of June 19 9/	Subsoribed and sworn to before me this day of kine 1991
Chronic Clerk of the HENDRICKS Circuit Court	Connic Agusson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	date need which make the delicit of the different difficulties.
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
FatherID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID # Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	10. 10. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	Court, by written order issued
and med in	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 6-14-91 , authorizing the marriage of and Stephanie L. Nelson	
	. I further certify that the following marriage certificate was filed in my office:
(date), at Brownsburg	(name), certify that on
John William Jones of Johnson	County Kansas (state), and
Stephanie L. Nelson of Hendricks Con	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	Ministra
Signed by: /s/ Larry L. Bellville Filed and recorded in accordance with the laws of the State of Indiana on	-, Minister (official designation)
- new and recorded in decordance with the taws of the state of matana on	7-9-91 (date).
	signed Comie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

G-14-G1

Date of Application

Polying for license.
On to a clerk of the liage license under

Female Applicant 50 No Yes If No, Medical Examination or Report Dated
Name of Physician Dr. Amura

HENDRICKS

Circuit Court

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

MALE APPLICANT	FEMALE APPLICANT
Name Donald Curtin Brown	Name Bitsum Cina Walters
Date of Birth Monta Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
malara	Indiana
Residence Address Street of R.A. Danville, Sendicipe Indiana	Residence Address Street or R.R. Derville Lindricks Indian
Previous Marital Status: Never Married M OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1989
Date of birth verified by: Birth Certificate Other (Specify) Dewel's Ficense	Date of birth verified by: Birth Certificate Mother (Specify) Driver's Revenue
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes □ S. List the full names of any dependent children. Brandon Californ
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Hurbart Brown	6. (a) Full name of applicant's father Erwin Flaherty
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Androxa
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Malera (b) Full maiden name of applicant's mother Bettles Parks
(b) Full maiden name of applicant's mother corrector of Sparks (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Ditty Full (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Delleased
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Selizaris
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
Signature of Applicant X Storale Curtis Brown Date 6-14-91	Signature of Applicant XY Sutdy a. Walters Date 6149
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed & Donald Curlis Froun	Signed X BltDy a. Walters
New Address Subscribed and sworn to before me this 14 day of Falloce, 19 91	New Address 14 VIIII 91
Subscribed and sworn to before me this day of file HENDRICKS Circuit Court	Subscribed and sworn to before me this day of filed, 19 41 Supple Accuse Michael of the HENDRICKS Circuit Court
Officer Court	CHARLES TO STATE OF THE CONTROL OF T
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license begins been refused to the object and and the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana
dated 6-14-91 , authorizing the marriage of	
and Betsy Ann Walters I, Clifton Courtney, Jr.	I further certify that the following marriage certificate was filed in my office
(date), at Danville	
Donald Curtis Brown of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-3-91
Signed by: /s/ Clifton Courtney, Jr.	
Filed and recorded in accordance with the laws of the State of Indiana on_	7-12-91 (date).
	0. 2 .

HENDRICKS County 6-14-91 No A IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Seth a. Marman, circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Smith am 45110 Elmhurst C 1724 Buch Previous Marital Status: Never Married OR No. of Previous Married Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No X Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 No 🗆 Yes 🔲 Yes 🔲 er is "yes," has the adjudication been removed? No. Yes 🗌 No D Yes 🔲 Are you related to the female applicant closer than second cousin? No Yes 🗌 NOV Yes 🔲 Are you now under the influence of an alcoholic beverage? No B Are you now under the influence of a narcotic drug? Yes 🔲 (a) Full name of applicant's father Dougne D. Smith Wallace of Carr Indiana Indiana Felinois Dois V. Pettieren Indiana Indiana Residence of mother (if deceased, so state) Illinois Indiana Birthplace of mother (State or foreign country)_ ce of mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** Carr The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court y of HENDRICKS 19_ HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Mike Allen Smith 6-14-91 _, authorizing the marriage of ___ Amy B. Carr . I further certify that the following marriage certificate was filed in my office: Rev. Richard Zore _ (name), certify that on _ Hendricks (date), at Plainfield County, Indiana,_ of_Macomb of_Hendricks County Michigan Indiana Mike Allen Smith _(state), and _ (state) were married by me as authorized Amy B. Carr County_

HENDRICKS

7-2-91

, Roman Catholic Pricofficial designation)

County, Indiana, dated _

Clerk Circuit Court

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

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

Signed by: /s/ Rev. Richard Zore

285

Date of Birth

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🕱 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Wm. Edwar Od circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT Annulment Death Birth Certificate Other (Specify) Druvers Lice Yes 🗌 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🗌 No D Yes 🔲 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🗌

HENDRICKS

Circuit Court

2501 Soldiers Hm. RQ. 15E, Previous Marital Status: Never Married Divorce Annulment Last Marriage Ended By: Diver Sicense Date of birth verified by: Birth Certificate Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? James W. Indiana Indiana Theins mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court day of HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, ___, authorizing the marriage of ____Brian Anthony Holsclaw 6-14-91 _ . I further certify that the following marriage certificate was filed in my office: ____ (name), certify that on $_6-22-91$ and _ Sharla Sue Day George Plasterer (date), at Plainfield in_ Indiana County, Indiana, Indiana of Tippecanoe _(state), and _ Brian A. Holsclaw County __ of Hendricks Sharla Sue Day Indiana (state) were married by me as authorized County __ _County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of Minister /s/ George Plasterer (official designation) 6-25-91 Filed and recorded in accordance with the laws of the State of Indiana on. (date) Clerk

HENDRICKS

286

No. _

HENDRICKS

Circuit Court

HEND	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 6-14-91 Name of Physician Dr. Westberray
MALE APPLICANT	FEMALE APPLICANT
Name Charles Middle Last Scale &	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country).	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
2221 Felic of Fantern Dr. In Ols, Hindricks, IN	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druvers Lucinse	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second course? No Yes 2. Are you related to the male applicant closer than second course?
3. Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No X Yes 3. Are you now under the influence of an alcoholic beverage? No X Yes
4. Are you now under the influence of a narcotic drug? No Yes State the full names of any dependent children	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children
6. (a) Full name of applicant's father Charles W. Blake	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father the three transcriptions (If adopted, list adoptive parents only)
Residence of father (if deceased, so state).	Residence of father (if deceased, so state) Qklahono
(b) Full maiden name of applicant's mother thomas & Williams	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Many Ann Prider
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Shora
- Constitution of the state of	Birthplace of mother (State or foreign country) — InQuana
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Advise N. Black in this application is true and correct. New Address Subscribed and sworn to before me this 14 th day of 19 9	State of Indiana County of HENDRICKS ss: Is this application is true and correct. Signed New Address Subscribed and sworn to before me this 14 th day of 19 9 1
Connie Trauson Clerk of the HENDRICKS Circuit Court	Conne Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS ss:
ather ID # #other ID #	Father ID #
Subscribed and sworn to before me this day of, 19Clerk	Mother ID # Subscribed and sworn to before me this day of , 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Clerk
County	Court, by written order issued
, authorizes	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clericated $\frac{6-14-91}{}$, authorizing the marriage of ${}$	k of the Circuit Court of HENDRICKS
naStacey A. Land	I further certify that the fallowing
datal at Indiananolia	(name), certify that on
Charles N. Blake of Hendricks C	in Marion County, Indiana,
Stacey A. Land of Hendricks Coun	ty Indiana (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of _ igned by:/s/ Rev. James D. Clayton	HENDRICKS County, Indiana, dated 6-22-91
iled and recorded in accordance with the laws of the State of Indiana on	(official designation) (date).
Sie	ened Connie In

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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

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a 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 Manual
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last 1	Name 1 First Middle, Last Last
Date of Birth Month Day Year ()	Date of Birth Kimberry Bake Kreighlaus
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1117 E. 100 n. Daswille In.	- Claufordsville In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOP No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify) Military	Date of birth verified by: Birth Certificate Gentler (Specify)
	arises lie
I. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes No Yes Y	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes No
A. Are you now under the influence of a narcotic drug?	Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
The second secon	
(a) Full name of applicant's father Sale Andrew Polland	6. (a) Full name of applicant's father Law Estin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Application Application Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Righteless of father (State or foreign country)
(b) Full maiden name of applicant's mother Than Janual Walker	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Clauforkstille,
Tota. Tota	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date 6-14-51	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Symbology Parisable Communicable diseases
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) ss: I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
Signed Louis Colland in this application is true and correct.	County of HENDRICKS, ss: in this application is true and correct. Signed Kumberlug Kraickly hourn
New Address Same	New Address 115 W. Pile St. Crawkord Like 110. In
bubscribed and sworn to before rise this	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	CONNEL FALLSAL Clerk of the HENDERCKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID # other ID #	Father ID #
ubscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above period parties the
County	Court, by written order issued
nd filed in, authorizes	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cler	k of the Circuit Court of HENDRICKS County Indiana
ated 6 17 - 17 , authorizing the marriage of	Heath Andrew Polland
na <u>Kimberly Hope Kreighbaum</u>	I further certify that the following marriage certificate was filed in was office.
Roger L. Stroup late), at Danville	in Hendricks County, Indiana,
neath Andrew Polland of Hendricks	County Indiana (state) and
Kimberry Mobe Kreighback Montgomery Cour	nty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ Roger L. Stroud	HENDRICKS County, Indiana, dated 6-18-91 Pastor (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	6-18-91 (date).
	0.9
Si,	gned Onne Danten Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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Section 1 Sectio	person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 6-10-71 Name of Physician Wickert
The state of the property bear. The state of the property bear of the p	MALE APPLICANT	FEMALE APPLICANT
The state of the s	Walph arnald Pritchard	Date of Birth Date of Birth Month Year Year
Les there per Train for South Decorption	sidence Address Street or R.R. Sitry & Jounty State	Residence Address Street cyf. R. City County A State
Sear of the time of the property and the design of the sear of the property of the property of the sear of the property of	- 4 -	
If severe is a west the explosion have more applicant to the management of the manag		
Fot name of applicant's later Park Par	If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
It adopted the adopted present only and according present of the adopted to the a	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Reckville.	6. (a) Full name of applicant's father Paul Bullen Irlon Ret (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Diclosed
acknowledge that I have received information regarding dangerous communicable diseases that an excessive presentation as a list of the less label for the virus that causes AIOS (capated munice deficiency experiment). I acknowledge that I have received information communicable diseases that an excessive presentation are settled that the less that the excess AIOS (capated munice deficiency experiment). I acknowledge that I have received information communicable diseases that an excessive presentation and the less that the less that the settle of the less that the less that the excess AIOS (capated that displaced the verifying by cash or affirmation or signature to the above accordingly to the less of the verifying by cash or affirmation or signature to the above accordingly to the case of religious beliefs. I acknowledge that I have received information from the very that the less that the excess AIOS (capated that displaced the present causes AIOS (capated that displaced the verifying by cash or affirmation or signature to the above accordingly dependent of the present causes of religious beliefs. Clear of Court The above applicant has objected to verifying by cash or affirmation or signature to the above accordingly accordingly to the above applicant has objected to verifying by cash or affirmation or signature to the above accordingly to the above accordingly to the above applicant has objected to verifying by cash or affirmation or signature to the above accordingly to the AIOS (Court) of HENDRICKS Signate of Indiana County of HENDRICKS Signate of Indiana (South of AIOS (County of HENDRICKS) Signate of Indiana County of Indiana (South of AIOS (County of Indiana) County of Indiana (South of AIOS (County of Indiana) County of Indiana (South of AIOS (County Indiana, Indiana) (South of AIOS (County Indiana, Indiana) (South of AIOS (Co	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Probability	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
convolvedgment because of religious beliefs. Date Date Date Date	acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome)	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a HST of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms)
Supposed Sup	cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Constant of parents, parent, or guardoun We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Italiate facts which make the consent of the other parent unnecessary Italiate of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS County of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS County Indiana, (State), and (State), and (State), and (State), and MENDRICKS County, Indiana, (State) were marriade by me as authorized and marriage of MENDRICKS County Indiana (State) were married by me as authorized and mear and of MENDRICKS County Indiana (State) were married by me as authorized and mear and of MENDRICKS County, Indiana, (State) were married by me as authorized and mear and mear and principle of MENDRICKS County, Indiana, (State) were married by me as authorized and mear and principle of MENDRICKS County, Indiana, (State) were married by me as authorized of MENDRICKS County, Indiana, (State) were married by me as authorized of MENDRICKS County, Indiana, (State) were married by me as authorized of MENDRICKS County, Indiana, (State) were married by me as authorized or MENDRICKS County, Indiana, (State) were married by me as authorized or MENDRICKS County, Indiana, (State) were married by me as authorized or MENDRICKS County, Indiana, (State) were married by me as authorized or MENDRICKS County, Indiana, (State) were married or mean and the con	ounty of HENDRICKS Signed Sign	County of HENDRICKS SS: in this application is true and correct.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana	HENDRICKS Circuit Court	Subscribed and sworn to before me this day of, 19
County of HENDRICKS ather	fe, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Mother	ounty of	County of HENDRICKS ss:
County	lother ID # ubscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, authorizing the marriage of Ralph Arnold Pritchard, Jr. I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-25-91 (date), at Danville in Hendricks County Indiana, Ralph Arnold Pritchard, Jr. Hendricks County Indiana (state), and Pamela Lynn Deck of Hendricks County Indiana (state) were marriage by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-25-91		The second of the second secon
Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, and the County of Hendricks Coun		
Pamela Lynn Deck Cynthia J. Spence (date), at Danville Ralph Arnold Pritchard, Jr. Hendricks Pamela Lynn Deck Of Hendricks County Indiana Pamela Lynn Deck Of Hendricks County Indiana (state), and Pamela Lynn Deck Of Hendricks County Indiana (state) were married by me as authorized winder a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated County, Indiana, dated Ocupty, Indiana, dated County, Indiana, dated County, Indiana, dated County, Indiana, dated	certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
date), atDanville inHendricks County, Indiana,	and Pamela Lynn Deck	I further certify that the following marriage certificate was filed in my office:
Pamela Lynn Deck 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 6-25-91	date), atDanville	in Hendricks County, Indiana,
Signed by: 757 Cynthia 6. Spence , 150 Departy 151 (official designation)	Pamela Lynn Deck of Hendricks Con	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 6-25-91 1st Deputy Clerk (official designation)

HEND.	RICKS South 289
HEND	County File 6-14-91
	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 And Alexandra Modern Alexandra M
MALE APPLICANT	FEMALE APPLICANT
Name Prist Middle Hast O, Hamil	Name Christina h. Sutherland
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country) Thousand	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 622 aret C Andreside Pr. 8200 10 Nordricha In	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9 - 18-90	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate AOther (Specify) Drivers Lucense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Science
Are you now or have you ever been adjudged to be of unsound mind? Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? Note Yes T
If answer is "yes," has the adjudication been removed? No	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes 2. Yes 3. Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No A Yes 5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
Yatasha D. Hamel	
6. (a) Full name of applicant's father Willie D. Hamil	6. (a) Full name of applicant's father Grant a, Sutherland
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother been a. Roe	(b) Full maiden name of applicant's mother eatherine L. Otwell
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) The state of mother (if deceased)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Snorage
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date
Oler of South	
State of Indiana County of HENDRICKS Signed Koger S. I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed County of Sig
New Address Subscribed and sworp, to before me this 4 th day of day of 19 9 !	New Address Subscribed and sworn to before me this 14th day of 41 19 91
Connie Court Clerk of the HENDRICKS Circuit Court	Connie Francon Clerk of the HENDRICASS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # ID
Clerk	Substitute and short to before the this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named partie
I certify that there was filed in my office a marriage license issued by the Cl	
dated, duthorizing the marriage of	. I further certify that the following marriage certificate was filed in my office
I, Donald Endsley	(name), certify that on6-27-91
(date), atMooresville Roger D. Hamilof_ Hendricks	inHendricks County, Indiana, County Indiana (state), and
Christina L. Sutherland Hendricks Co	ounty Indiana (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Donald Endsley	f
Filed and recorded in accordance with the laws of the State of Indiana on_	6-27-91 (date).

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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Circuit Court

File .

The part of body pick of the displaced and control of the control	31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 6-7-91 Name of Physician Silly Joanse, MO.
The state of the control of the cont	MALE APPLICANT	FEMALE APPLICANT
There is not the proposed form the property of		Janya L. Dickerson
Transport of the process of some plants of the process of the proc		7 19 65
The contract area from the contract and contract area from the contr	Indiana	arizona
The process of the service of the desired point of the service of	dence Address Street or H.H. City	Some Signet of him.
And you need these you were these edicidaged to be of removed mental to the control of the contr	ious Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Ace you can be here you are been publication to be an amount minor? Ace you can be not the finding of a minor and minor? Ace you can be find the finding of a minor and minor? Ace you can be finding of a minor of cannot a minor of cannot all your and the finding of a minor of cannot all your and the finding of a minor of cannot all your and the finding of a minor of cannot all your and the finding of a minor of cannot all your and the finding of a minor of cannot all your and the finding of a minor of cannot cannot be finding of a minor of cannot ca	Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 86	Last Marriage Ended By: Death Divorce Annulment Date
at award 1-year. This the adjustants been misseed? All the proposal seal of the misseed of an advolvid leverage? All the proposal seal of the influence of an advolvid leverage? All the full reason of any depondent children. Description of the influence of an advolvid leverage? All the full reason of any depondent children. Description of the influence of an advolvid leverage? All the full reason of any depondent children. Description of the influence of an advolvid leverage? All the full reason of any depondent children. Description of the influence of an advolvid leverage? Description of the influence of the influence of an advolvid leverage? Description of the influence of the influence of an advolvid leverage of the influence of the i	of birth verified by: Birth Certificate Dother (Specify) Driners Figures	Date of birth verified by: Birth Certificate Other (Specify) Drivers Science
the answer is yet has the adjustants been second count? Note or the positional for the miss applicant date his executed between second count? Note or the positional for an accorde berringe? Note or the positional for the misses of an accorde berringe? Note or the positional for the misses of an accorde berringe? Note or the positional for the misses of a second berringe? Note or the positional for the misses of a second berringe? Note or the positional for the misses of a second berringe? Note or the positional for the misses of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of an accorde berringe? Note of the first interest of a accorde accordence of the first interest of a accordence of the first interest of a accordence of the first interest of accordence of accordence of the first interest of accordence of accor	Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
As you now water the inflament of an activate becoming? As you now water the inflament of an activate becoming on the property of the propert	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
As you now under the influence of a security control of the control of the influence of a security control of the influence of any operator children. (i) Full name of applicant's label. (ii) And name of applicant's label. (iii) And name of applicant's label. (iii) And name of applicant's label. (iii) And name of applicant's label. (iv) And name of applicant's label.		
Let the full name of applicant himse. [10] Full name of applicant himse. [11] subject the shallyon bears of the street of the shall name of applicant himse. [12] Full name of applicant himse. [13] Full name of applicant himse. [14] Subject the shallyon bears of the street of the shall name of the shall name of applicant himse. [15] Full name of applicant himse. [16] Full name of applicant himse. [17] Subject to shallyon bears of the street of the shall name of the sha	750 150 150 150 150 150 150 150 150 150 1	
If adapted, the advocars person strilly. If adapted, the advocars of their of decessate, to stand, present only in the information of their of decessate, to stand, surprise person sonly. Dis har maken man of applicates individual and a standard person sonly. Dis har maken man of applicates individual and a standard person sonly. The advocate of motive (if decessate, to stand). The advocate of motive (if decessate, to stand). The advocation of motive (if decessate, to stand). The advocate of motive (if decessate, to stand). The advoc	Ale you like the missing of the same and the	5. List the full names of any dependent children.
(if subgrate, las adaptive parters only) Presidence of their influences, to state of the control of their influences of their influences, to state of the control of their influences, to state of their influences of their influences of their influences of their influences of their influences, to state of their influences of t		THE RESERVE OF THE PARTY OF THE
Presidence of littler (if discesses, to state) The discesses of littler (these or brown country) (if all makes may of applicants more) Bertiplace of mother (these or brown country) Bertiplace of mother (these	(a) Full name of applicant's father L. H. Mahan	6. (a) Full name of applicant's father Deorge ames Disburst
Beneficial or future (faller or fivering routery) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (c) Experiment of application's mother (if deceased, to attent) (b) Full makes many of application's mother (if deceased, to attent) (c) Experiment of application's mother (if deceased, to attent) (if adopted in the material (if application is attent) (if adopted in other (if deceased, to attent) (if adopted in the material (if application) (if adopted in the materia	(If adopted, list adoptive parents only)	α
(i) stopped, sit adoptive parents cony. Bereford, sit adoptive specification is site and convex. Bereford, sit adoptive specification is site and convex. Bereford, sit adoptive specification is site and convex. Bereford, site adoptive specification of the site for the wins final causes. Bereford, site adoptive specification of the site site for the site section. Bereford, site adoptive specification site of site specification is site and convex. Bereford, site adoptive specification is site and convex. Ber	9.0	4 0
(If adopted, last adoption patents only). Resistence of motion (Glasse or foreign country). ACKNONLEDOMENT Date 6 18 91 Date 7	10. 0 P. 00. 4	Queto Con Man +
Biothypiace of mother (Blade or foreign country) ACHOCKLEGAMENT The above applicant has objected to verifying by cash or affirmation or signature to the above achockledyment because of religious beliefs. County of HENDRICKS Signed ACHOCKLEGAMENT The above applicant has objected to verifying by cash or affirmation or signature to the above achockledyment because of religious beliefs. County of HENDRICKS Signed ACHOCKLEGAMENT The above applicant has objected to verifying by cash or affirmation or signature to the above achockledament a		
ACKNOWLEDGMENT acknowledge that I have received information reporting dangerous communicable diseases it are sexually transmitted, and a list of the less lites for the virus that causes AIDS (sequind purpose of Applicant has objected to verifying by oath or affirmation or signature to the above policiant has objected to verifying by oath or affirmation or signature to the above consecution because of indigous beliefs. Date - BOOM applicant has objected to verifying by oath or affirmation or signature to the above accordedigment because of indigous beliefs. Date - BOOM applicant has objected to verifying by oath or affirmation or signature to the above accordedigment because of indigous beliefs. Date - BOOM applicant has objected to verifying by oath or affirmation or signature to the above accordedigment because of indigous beliefs. Click of Count - Boom applicant has objected to verifying by oath or affirmation or signature to the above accordedigment because of indigous beliefs. Click of Count - Boom applicant has objected to verifying by oath or affirmation or signature to the above accorded principles belief. Click of Count - Boom applicant has objected to verifying by oath or affirmation or signature to the above accorded principles belief. Click of Count - Boom applicant has objected to verifying by oath or affirmation or signature to the above accorded principles belief. Click of Count - Boom applicant has objected to verifying by oath or affirmation or signature to the above accorded principles accorded principles and accorded principles and accorded principles and accorded principles. Click of Count - Boom and Boom accorded principles and accorded principles and accorded principles. Count by MENDRICKS - Boom and Boom to before me this day of Boom and accorded principles. Count by MENDRICKS - Boom and Boom to before me this day of Boom and accorded principles and advert to before me this day of Boom and Boom to before me this day of Boom and Accorded principles and advert to befor	30:	
acknowledge that I have received information regarding desperous communicable diseases at an executily transmitted, and a last of the lest sites for the virus that causes AIDS (sequined manus of Applicant has objected to verifying by oath or affirmation or signature to the above policant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant base of indians unity of HENDRICKS The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The Above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The Above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of indigons beliefs. The Above applicant has objected to verifying by oath or affirmation or affirm	Birthplace of mother (State or foreign country)	Distribute of mother (State of Foreign Country)
Signed Address Support Determine this application is true and correct. Signed Address Support Determine this State and sworn to before me this State application is true and correct. Signed Subscribed and sworn to before me this State applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary and of its subscribed and sworn to before me this State applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary and of indiana of HENDRICKS Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary. Consent of Parents, Parent, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary. State of Indiana County of HENDRICKS County of H	knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Signed New Address Signed New Address Signed New Address Superior of the Spication is true and correct. Signed New Address Superior of the Spication is true and correct. Signed New Address Subscribed and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary State of Indiana State of Indiana State of Indiana Office Indiana Of		Crete of Indiana) I swear/affirm that the information giver
Now Address Subscribed and sworn to before me this	HENDRICKS SS:	County of HENDRICKS ss: / in this application is true and correct
Described and sworn to before me this 18 th day of HENDRICKS DISENT OF PARENTS, PARENT, OR GUARDIAN In the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary and of Indiana Unity of HENDRICKS Described and sworn to before me this 18 th day of HENDRICKS DISENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Unity of HENDRICKS Subscribed and sworn to before me this 48 th day of 48 the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this 48 th day of 48 the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this 48 th day of 48 the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this 48 the day of 48 the other parent unnecessary State of Indiana County, of HENDRICKS County, by written order issued County, by written order issued County, by written order issued County, written order issued County, Indiana, (state), and (name), certify that the following marriage certificate was filed in my office and particles (state), and (name), certify that the following marriage certificate was filed in my office and particles (state), and (state),		
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary and of Indiana) ss: D	bscribed and sworn to before me this 18th day of the 19 91	Subscribed and sworn to before me this 18th day of 19 91
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary and of Indiana) ss: D	MIGENT OF PARENTS PARENT OR CHARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
State of Indiana unity of HENDRICKS) ss: D #		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
County of HENDRICKS ther	te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
County County County County Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this Subscribed and sworn to before me this day of Subscribed and sworn to before me this Subscribed and sworn to be	ate of Indiana)	001
Mother	unity of	County of
Subscribed and sworn to before me this		
County	bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19 Cle
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	nd filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
County that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		T AND MADRIAGE CERTIFICATE
If urther certify that the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and the following marriage certificate was filed in my office and filed in my office a	DETIIDN OF MADDIAGE FIREERS	erk of the Circuit Court of HENDRICKS County, Indiana,
date), at Indianapolis in Marion County, Indiana, Dennis L. Mahan of Hendricks County Indiana (state), and Tanya L. Dickinson of Hendricks County Indiana (state) were married by me as authorized by me as	certify that there was filed in my office a marriage license issued by the Cl	I further certify that the following marriage certificate was filed in my office
Dennis L. Mahan of Hendricks County Indiana (state), and	certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	$= \frac{1}{1} \int \frac{d^2x}{dx} dx = \frac{1}{1} \int \frac{d^2x}$
Tanya L. Dickinson of Hendricks County Indiana (state) were married by me as authorized a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-30-91	certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that the marriage of	(name), certify that on6-30-91
nder a marriage license that was issued by the Clerk of the Circuit Court ofCounty, Indiana, dated	certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, note that the marriage of	(name), certify that on 6-30-91in Marion
igned by: /s/ Rev. Lloyd D. Baugues , Elder (official designation)	certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, authorizing the marriage of	(name), certify that on

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Terbecca Haak IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Divorce 🔲 Annulment Annuiment 🔲 Last Marriage Ended By: Death Divorce 🔲 Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes No - Yes No 🗆 Yes 🔲 No Yes Yes 🔲 No Yes Yes 🔲 No Yes Are you now under the influence of a narcotic drug? Klmeranderson itato) Brunshing ed, so state) Brawnshurg new york ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana _ , 19 4/ CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _____6-18-91 , authorizing the marriage of Bryan Matthew Fultz and Deana Louise Anderson . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 7-5-91 I, Rev. David D. Thaxton

(name), certify that on _

County, Indiana,_

County, Indiana, dated _

Dawson

HENDRICKS

(date).

_(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

Hendricks

Preacher

__ County __Indiana County __Indiana

8-20-91

Bethesda Baptist - Brownsburg

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

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

Bryan Matthew Fultz of Hendricks

Deana Louise Anderson of Hendricks

Signed by: /s/ Rev. David D. Thaxton

(date), at _

Bryan Matthew Fultz

HENDRICKS

292

6-18-91 Date of Application

No.

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Molly Garan, m.D.
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
MALE ADDITIONAL	FEMALE APPLICANT
Name First Middle Bagt	FEMALE APPLICANT Name First Migdle Last
Date of Birth Month Day Year	Debra an Moliso
3 18 1958	9 12 1956
Place of Birth (State or foreign country)	Place of Birth (State or Igreign country) William
Residence Address Street or R.R. City County State 880 Contrology Rd. Plainfield Glading Indiana	Residence Address Street or B.R. Planfield Alladicky Andlisa
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify) Driver's Accesse	Date of birth verified by: Birth Certificate Step (Specify) Drivels Likely
	STEEL STATE OF CONTRACT OF THE STATE OF THE
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father John R. Stalaw	6. (a) Full name of applicant's father Daniel & Molino
(If adopted, list adoptive parents only).	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Maliana	Residence of father (If deceased, so state)
(b) Full maiden name of applicant's mother Lola Largdon	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother ADLA TOTAL	(b) Full maiden name of applicant's mother Adda Mr. Riley (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Widling	Residence of mother (if deceased, so state) Midlera
Birthplace of mother (State or foreign country) Priding	Birthplace of mother (State or foreign country). Michigan
ACCUSION FROMEIU	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant & Randall Keith Stances Date 61891	Signature of Applicant & Lebra Chin Polino Date 6-10-41
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: O in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed XX and sell Keelly X tarries	Signed X Abetra Unn Mplino
Subscribed and sworn to before me this 18 day of Aure 19 91	New Address Subscribed and sworn to before me this day of Subscribed and sworn to before me this
Conside Travers Clerk of the HENDRICKS Circuit Court	Coxice Sacroson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
FatherID #	County of HENDACAS) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 6-18-91 , authorizing the marriage of	Randall Keith Starnes
andDebra Ann Molino	I further certify that the following marriage certificate was filed in my office:
I, Ted A. Miller	(name), certify that on 7-20-91
D. J. 11 W. L. L. C. H. J. L.	Todiana County, Indiana,
	County (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-20-91
Signed by: /s/ Ted A. Miller	
Filed and recorded in accordance with the laws of the State of Indiana on	(unie).
	Signed Cornie Lawson Clerk
BOYCE FORMS + SYSTEMS 1-800-382-4702 1477	Signed — Clerk HENDRICKS — Circuit Court

Place of Birth (State or foreign country

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

Are you now under the influence of a narcotic drug?

Last Marriage Ended By

albert

Divorce

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

6-19-91 Yes No 🗵 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. David Haggard circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Brown Hutte Date of Birth Indiano 2254 Dan Jones RD Never Married OR No. of Previous Ma Divorce Annulment Death Annulment Last Marriage Ended By Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No 🗌 Yes 🗌 No K Yes 🗌 No Yes 🔲 No A Yes 🗌 Yes 🗌 Yes 🔲 No. Yes 🔲 James W. Brown C, Hutte Indiana InDiano Indiana ennessee Diane Harbleroo A, Dodson novara Indiana Thera **ACKNOWLEDGMENT** The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court swear/affirm that the information given

County

Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana Signed 2 19th day of June 19 91 19th _ day of S CONSENT OF PARENTS, PARENT, OR GUARDIAN of this applicant, hereby give consent for this marriage. If only one parent sign We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ____, authorizing the marriage of ____Stephen Albert Hutte dated _____6-19-91 . I further certify that the following marriage certificate was filed in my office: 7-6-91 and ___ Lisa Gail Brown (name), certify that on ___ I, Rev. Rudolph G. Lee _ County, Indiana, Marion (date), at __ Bridgeport County __Indiana of Hendricks
of Hendricks _(state), and _ Stephen Albert Hutte Indiana (state) were married by me as authorized Lisa Gail Brown County _ County, Indiana, dated __6-19-91 under a marriage license that was issued by the Clerk of the Circuit Court of _ Pastor (official designation) Signed by: /s/ Rev. Rudolph G. Lee 7-16-91 (date). Filed and recorded in accordance with the laws of the State of Indiana on_ Dawson Clerk Signed Circuit Court

HENDRICKS

County

-19-91

No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated
Name of Physician David Haggar A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 801 Kings Thill RQ, 104 Greenwood Johnson, IN Previous Marital Status: Never Married Death Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Dother (Specify) Drivers License Yes 🗌 No C Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🔲 If answer is "yes," has the adjudication been removed? Yes 🔲 ated to the male applicant closer than second cousi Yes 🗌 Yes 🗍 Yes 🗌 Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. David Williams Charles R. Smith, (a) Full name of applicant's father___ Freiano Indiana Michigan Baber Indiana Residence of mother (if deceased, so state) Michigan Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant & Charles & Smill for The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given Charles 1 Smiles for 19th HENDRICKS We, the parents of this applicant, hereby give consent for this marriage. If only one parent ts of this applicant, hereby give consent for this marriage. If only one parent signs, which make the consent of the other parent unnecessary _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Charles Robert Smith, Jr. dated _____6-19-91 _ , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: 6-19-91and Michelle M. Coleman (name), certify that on ___ I, Cynthia J. Spence Hendricks County, Indiana, Danville (date), at _ County Indiana Indiana __(state), and _ Charles R. Smith, Jr. of Johnson (state) were married by me as authorized Michelle M. Coleman of Hendricks County ___ .County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of _ 1st Deputy Clerk (official designation) Signed by: /s/ Cynthia J. Spence

6-19-91

Signed

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

(date).

Clerk

Circuit Court

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 295
HEND.	County
	6-19-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 🖸 Yes 🗆
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 6-29-91 Name of Physician
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Cotet	Name First Middle Cast 'An Oarvin
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County , State
Previous Marital Status: Never Married A OR No. of Previous Marriages	1732 Blech Dr. S. O LOGIQ, Hendriche, IN Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Kother (Specify) Drivers Jucense	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No ✓ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
<u> </u>	2 00 000
6. (a) Full name of applicant's father thanks of the	6. (a) Full name of applicant's father Favring M. Carvin. (If adopted, list adoptive parents only).
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) The state of the state	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Donna M. Otter	(b) Full maiden name of applicant's mother to the control of the c
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) In Diagna	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Spe A Potal Date \$-19-91	Signature of Applicant X Jou M. Parvin Date 6-19-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given Ss: in this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given ss: in this application is true and correct.
Signed X goe A Portal	Signed X Fori M. Varven
New Address	New Address Subscribed and sworn to before me this 19th day of 1991
Subscribed and sworn to before me this 19th day of 19 9 HENDRICKS Circuit Court	Corne Lourd Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	CONTRACTOR OF THE PROPERTY OF
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana,
dated $\frac{6-19-91}{}$, authorizing the marriage of ${}$	
and Lori M. Parvin	I further certify that the following marriage certificate was filed in my office: (name), certify that on $\frac{7-27-91}{}$
I, Philip J. Gabriel (date), at Grace Bible Church	in Hendricks County Indiana
Joseph a. Poteet of Hendricks	inHendricks
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Philip J. Gabriel	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-30-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

296

HEN	County File
	6-20-91 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 D Yes D If No, Medical Examination or Report Dated 6-13-91 Name of Physician Robert Namell, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name / First / Migdle / Last	Name / First Middle Last
Date of Birth Juhn Pakert Brunner	1. Date of Birth Month Jo Day
5 18 64	3 6 64
Place of Birth (State or foreign country) Channer, In.	Place of Birth (State or foreign country) Clearliel & Pa
Residence Address Street or R.R. City County State	Residence Address Signet or R.B. Lantlerons Dr. N. State of Rantlerons Dr. N. State of Router of Residence Address State of Router of Residence Address State of Residence Address Stat
Previous Marital Status: Never Married OR No. of Previous Marriages 46234	
- / X P:	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drugues' Tuc.	Date of birth verified by: Birth Certificate Other (Specify) That's Lee
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Not Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father John Robert Brunner	6. (a) Full name of applicant's father Online Russ.
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Gran Russ. (If adopted, list adoptive parents only) Lilly & Barran
Residence of father (If deceased, so state) Bransburg In	Residence of father (if deceased, so state) and A.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indian
(b) Full maiden name of applicant's mother Elephanic Unn Html (If adopted, list adoptive parents only)	Elnx (b) Full maiden name of applicant's mother. Many Ray Maye
Residence of mother (if deceased, so state) Briwnshurg In.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indianal	Birthplace of mother (State or foreign country) Pa.
ACMON COMMANDE OF THE PROPERTY	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Immune deficiency syndrome ()	immune deficiency syndrome()
Signature of Applicant Date 6.00.7	Signature of Applicant (Dudy (Color) Date (0-30-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana)
County of HENDRICKS in this application is true and correct.	State of Indiana County of HENDRICKS SS: I s@ear/affirm that the information given in this application is true and correct.
Signed John K. Share	Signed Wella Viccolexe
New Address Subscribed and sworn to before me this 20 th day of New 10 91	New Address SAME Subscribed and sworn to before me this 20 \$\frac{1}{2}\$ day of \textsquare \textsquare 19 91
Omnie Karram Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of the HENDRICKS Circuit Court
	Great Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
A CARLO SAN AND SAN SAN SAN SAN AND SAN ASSAULT OF THE SAN ASSAULT OF	state lactor make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS Ss:	State of Indiana
County of	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	American House hadre had a fine h
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 6-20-91, authorizing the marriage of	John Robert Brunner, Jr.
and Wendi Jo Niccolini Thomas November In	I further certify that the following marriage certificate was filed in my office:
(date), at Anderson	Maria 177
John Robert Brunner, Jr. of Hendricks	Indiana County, maiana,
Wendi Jo Nioccolini of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-6-91
Signed by: /s/ Thomas Newman, Jr.	, Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-10-91 (date).
	Signed Connie Lawson Clark
	UFAID DIGHTS CIEFA
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	— — Circuit Court

HENDRICKS County 6-20-91 Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Bruses 1972 1967 450 1st Cloence Never Married OR No. of Previous Marriages Divorce Date of birth verified by: Birth Certificate Wother (Specify) Driver's Ricense Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗹 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? No Q No . Yes 🔲 No D Are you related to the female applicant closer than second cousin? Yes 🔲 No U Yes 🔲 No M Yes 🔲 No 💆 Yes 🔲 Are you now under the influence of a narcotic drug? No 🗹 Yes 🔲 No 🗹 Yes 🔲 Charles M. Brunes Paul J. Piersall andiera Minois reign country) Malissa Sherly am Leris Indiasa nce of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Wisemsei ice of mother (State or foreign country). Andiesa ACKNOWLEDGMENT ACKNOWLEDGMENT that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases X Penine L. Brunes The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana Signed & Penise & Bures

New Address 468 11. Bellev H. Britonstone, 9th

ribed and sworn to before me this 20 day of 2011 New Address 408 M. Green St. Berundung n 46112 20 day of June, 19 91 HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 6-20-91 authorizing the marriage of Bradley Wayne Piersall HENDRICKS County, Indiana, , authorizing the marriage of _ Denise Lynn Brunes . I further certify that the following marriage certificate was filed in my office: Rev. George Purnell (name), certify that on Hendricks Pittsboro (date), at ____ County, Indiana, Bradley Wayne Piersall

Hamilton

Hendricks

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

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

/s/ George Purnell

Denise Lynn Brunes

Indiana

Indiana

Pastor

County_

7-9-91

(state), and

(official designation)

County, Indiana, dated _

HENDRICKS

(state) were married by me as authorized

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 298

HEN?	DRICKS County File
	6-21-91
	Date of Application
2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Strain S
MALE APPLICANT	FEMALE APPLICANT
me Chris Conrad Walters	Name Religion State Branch
te of Birth (State or foreign country) sidence Address Street or R.R. City	Date of Birth (State or foreign county) Place of Birth (State or foreign county) Residence Address Street or B.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Diverce Annulment Date Date of birth verified by: Birth Certificate Offier (Specify) Diverce No. Yes Marriages 1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes Marriages 1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes Barriage Ended by Yes No. Yes Barriage Ended by No. Yes No. Yes Barriage Ended by No. Yes Bar
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome). The state of Applicant Communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome). Date C/21/91 The above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above
k of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
e of Indiana I swear/affirm that the information given in this application is true and correct. Signed Los Los day of Los day of HENDRICKS Scribed and sworn to before me this 21 of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Reblica S. Brown in this application is true and correct. New Address Subscribed and sworn to before me this 212t day of HENDRICKS Circuit Court
SCENT OF PARENTS OMPENT OF THE PARENTS OF THE PAREN	
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
of Indiana)	State of Indiana
nty of HENDRICKS ss:	County of HENDRICKS SS:
ID #	Father ID #
cribed and sworn to before me thisday of, 19	Mother ID #
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
ertify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE PER OF the Circuit Court of HENDRICKS COURT OF
ed 6-21-91 authorizing the marriage of	Chris Conrad Walters
Rebecca Sue Brown	I further certify that the following marriage certificate was filed in my office: (name), certify that on7-6-91
Richard D. Proctor	
Chris Conrad Walters of Hendricks	_ in _ Hendricks _ County, Indiana,
	Indiana
er a marriage license that was issued by the Clerk of the Circuit Court of	State) Were married by me as authorized
	, Pastor (official designation)
ned by:/s/ Richard D. Proctor ed and recorded in accordance with the laws of the State of Indiana on	Signed Comme Sausan Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 6-21-91 Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician <u>Ar. Clever</u> circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Blevis 1970 Divorce 🔲 Annulment Birth Certificate Other (Specify) Driver's Ricerse Birth Certificate Other (Specify) No D No 🖪 Yes 🗌 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No D Yes 🔲 er is "yes," has the adjudication been removed? No D/ Yes 🔲 No 🗹 No 🗹 Yes 🔲 Yes 🔲 related to the female applicant closer than second cousin? No 🚺 Yes 🗌 No 🗸 Yes 🔲 now under the influence of an alcoholic beverage? No 🗹 No U Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Bleons Granville R. Clase Dorald L. (a) Full name of applicant's father Birthplace of mother (State or foreign country) maleux ACKNOWLEDGMENT ACKNOWLEDGMENT Date 6-21-91 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana day of Sune 19 91 leepel HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of lose dated _______, authorizing the marriage of _____
and ________Victoria Lynn Blevins . I further certify that the following marriage certificate was filed in my office:

(name) certify that on 6-21-91I, Cynthia J. Spence (name), certify that on _ Hendricks (date), at Danville County, Indiana, County __Indiana Stephen Lynn Close _(state), and .

Indiana

6-21-91

County_

(state) were married by me as authorized

Circuit Court

_County, Indiana, dated _

1st Deputy Clerk (official designation)

(date).

Victoria Lynn Blevins of Marion

Signed by: /s/ Cynthia J. Spence

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

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

HEND	RICKS County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 1 Yes I If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name A First O Middle Last	Name P First & Middle A Last 'V
Date of Birth Month Day Year	Date of Birth Day Years
Place of Birth (State or foreign_country)	Place of Birth (State or foreign country)
Residence Address, / Street or R.R. City Codety State	Residence Address Street of R.R. City Spite Spite
16012 W Brondway Dravelle, n.	13 Huntharie Cl. Fligger Word
Previous Marital Status: Never Married OR No. of Previous Mairfages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Orunlis' Lic.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? N∂ ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
8 14	District to the original of the original original original or the original
6. (a) Full name of applicant's father Llo Straup	6. (a) Full name of applicant's father William Karl Daily
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Marjary Ellen Irtgwa	ter (b) Full maiden name of applicant's mother Relacca Jane Cellis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Drull In.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by eath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Cierx of Court Date	Clerk of Court
State of Indiana County of HENDRICKS Signed Cog F. State of Indiana New Address Subscribed and sworn to before me this 21 at day of HENDRICKS Other Address Subscribed and sworn to before me this 21 at day of HENDRICKS	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) SS:
County of HENDRICKS	County of RENDRICKS
Father ID # Mother ID #	FatherID #ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-21-91 , authorizing the marriage of _	Roger Lee Stroup
. Commandation	I further certify that the following marriage certificate was filed in my office:
(date), at Danville	(name), certify that on7-6-91inHendricks
Roger Lee Stroup of Hendricks	County Indiana (state), and
Laura Diane Daily of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Gary S. Linton Filed and recorded in accordance with the laws of the State of Indiana on	7-9-91 (date).

Signed_

_ Clerk Circuit Court

HENDRICKS

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Howell MiD. circuit court when the person applies for a marriage license under Name of Physician Rabert IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Place of Birth (State or Death Divorce 🗌 Annulment Death Ther (Specify) Sirth Certificate Other (Specify) Date of birth verified by: Birth Certificate Date of birth verified by: NON Mod I Yes 🔲 Yes 🗌 No -Yes 🗌 No 🗆 Yes 🗌 is "ves" has the adjudication been removed? No D NOD Yes 🔲 Yes 🗌 NoV Yes 🗌 / Yes 🗆 Ne NO Yes NAD Yes 🔲 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Birthplace of mother (State or foreign country). ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _County _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, and __ Deanne June Taylor . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 6-22-91 I, L. Dee Van Wagner (name), certify that on _ Hendricks Brownsburg (date), at _____ County, Indiana, William Brewster Caraker of Hendricks
Deanna June Taylor of Hendricks Indiana _(state), and _ _ County _ Deanna June Taylor of (state) were married by me as authorized Indiana County .

County, Indiana, dated _

HENDRICKS noon

(date).

(official designation)

Clerk

Circuit Court

Minister

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

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

Signed by: /s/ L. Dee Van Wagner

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No 🖄 Yes 🗆 If No, Medical Examination or Report Dated 8 - 10 - 89
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Pete Voss, MD,
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First, Middle Last
Date of Birth Ments Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
316 S. Green St. Brownsburg, Hendrichs, IN	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Aother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes
2. Are you related to the female applicant closer than second cousin? Yes Yes Are you now under the influence of an alcoholic beverage? Note Yes	2. Are you related to the male applicant closer than second cousin? Yes Yes Yes Yes
4 Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Danielle Denise	5. List the full names of any dependent children.
Datoin	Hotlen, asplee They (Walson)
6. (a) Full name of applicant's father James a, Yother	6. (a) Full name of applicant's father Saul H. May
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
(b) Full maiden name of applicant's mother Donna L. Moreymalaer	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 3ndrana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed HENDRICKS Signed County of HENDRICKS	State of Indiana County of HENDRICKS Signed Signe
New Address Same	New Address
Subscribed and sworn to before me this 2101 day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 21st day of time . 19 91 Connie January Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Father ID # Mother ID #	Father ID #
Father ID # Mother ID #	Mother ID # Subscribed and sworn to before me this day of , 19
Father	Mother ID #
Father	Mother ID #
Father	Mother
Father	MotherSubscribed and sworn to before me thisday of, 19
Father	MotherSubscribed and sworn to before me thisday of, 19
Father	Mother

HENDRICKS

County 6-21-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician . circuit court when the person applies for a marriage license under 1 homas IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Baenett Elsial Diron 1950 Indiana Daxielle ver Married OR No. of Pre Date 5-1985 Date /2-19/ Death Death Date of birth verified by: Birth Certificate Other (Specify) Dewer's License Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗌 Yes 🔲 No . No 🗆 Yes 🗌 Yes 🗌 is "yes," has the adjudication been removed? Yes 🔲 Yes 🔲 No 💌 Yes 🗌 Yes 🗌 Are you now under the influence of a narcotic drug? No 🗹 Yes 🔲 Yes 🗌 List the full names of any dependent children. Phillips 9. Brows # 19 Vaugha Brenett Werdell C. Brown G. Germana Indiana eceased ther (if deceased, so state) Ilorika Declased Birthplace of mother (State or foreign country). Indiana Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases of the test sites for the virus that causes AIDS (acquired Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given day of June, 19 91 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e parents of this applicant, hereby give consent for this marriage. If only one parent facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued _ and filed in_ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE , authorizing the marriage of _ and ____Suzanne E. Barnett I further certify that the following marriage certificate was filed in my office: 6-21-91I, __ Janice S. Chilewski (name), certify that on _ (date), at _ Danville County, Indiana, in Hendricks of_ Hendricks County __Indiana Phillip G. Brown
Suzanne E. Barnett _(state), and _ County Indiana of Hendricks (state) were married by me as authorized ntv. Indiana, dated 6-21-91 under a marriage license that was issued by the Clerk of the Circuit Court of County, Indiana, dated __ Chief Deputy Clerk (official designation) Signed by: /s/ Janice S. Chilewski

6-21-91

Signed

(date).

Dawson

HENDRICKS

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County -21-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dr. Drown IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Boals Place of Birth (State or I Divorce Death Date of birth verified by: Birth Certificate Other (Specify) Driver & Ticense Other (Specify) Birth Certificate ewer's License No D Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🗌 No D Yes 🔲 Yes 🗌 No M Yes 🔲 Are you now under the influence of an alcoholic beverage? Yes 🗌 No [Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? Richard W. Borlo George a. molina California Indiana Birthplace of mother (State or foreign country) Cale posnia molina of mother (State or foreign country)___ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana HENDRICKS June 19 91 CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, acts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary ____ HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued __ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, dated 6-21-91
and Joni Lynnette Boals _ , authorizing the marriage of ___William James Bignotti __ . I further certify that the following marriage certificate was filed in my office: I, Father Charles Sean Chesebrough (name), certify that on _ (date), at Mary Queen of Peace Hendricks _ County, Indiana, _ County _ Colorado William James Bignotti of Black Forrest ___(state), and _ County Indiana Joni L. Boals of Hendricks (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated ____ Pastor Mary Queen (official designation) Signed by: /s/ Father C. S. Chesebrough

7-2-91of Peace (date).

HENDRICKS

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE 300 **HENDRICKS** File County 621-91 Date of Application Yes No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated

Name of Physician Philip Batista, M.D. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Calkoux Munier Carrie Date of Birth m diasa apt8, 6405 € Annulment Divorce Divorce Annulment Date Last Marriage Ended By: Death 🔲 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No D Yes 🔲 No 🗆 Yes 🔲 Yes 🔲 No V Yes 🗌 No 🗂 No W Yes 🔲 Yes 🔲 No W Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children arxold L. Calhoun Bernard D. Meunier mdiera Indiana mdiana mdeina ce of father (State or foreign country)_ name of applicant's mother Sharon K. Pile Mary Indina Birthplace of mother (State or foreign country) Indiana **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana HENDRICK day of July , 19 91 HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County_ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

Brett Allen Meunier

_ (name), certify that on _ Hendricks

HENDRICKS

Indiana

Minister

County _

County_

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

HENDRICKS

(date).

County, Indiana,

County, Indiana, dated _

(state), and _

(official designation)

(state) were married by me as authorized

6-29-91

Clerk

Circuit Court

, authorizing the marriage of _

of Hendricks

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

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

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

and Carrie Virginia Calhoun

Brownsburg

Carrie Virginia Calhoung

Signed by: /s/ James A. Jones

I, James A. Jones

Brett Allen Meunier

(date), at _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 5-21-91 Name of Physician
MALE APPLICANT Name A First Middle G Last	FEMALE APPLICANT Name First Middle Last
Slan & Sibles	Janya Jo Lang
Date of Birth Month 9 Low Year 67	Date of Birth Month Day 4 Year
Place of Birth (State or foreign/country)	Place of Birth (State or foreign country) Reech Grant
Residence Address Street or R.R. City County 200 State	Residence Address Street or R.R. P. City & County & State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married SQR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Definer (Specify) Duolis' Lee
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. No. No. No. No. No. No. No
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
K . 00 b . 9:11	K. J. J. J.
6. (a) Full name of applicant's father whalk length white	6. (a) Full name of applicant's father August 2004
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state) Branslung In .
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) This higher (3)
(b) Full maiden name of applicant's mother Patricia Spil Wright	(b) Full maiden name of applicant's mother anne Weid
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 70 months and in
Birthplace of mother (State or foreign country) Shall have	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Date Date	Signature of Applicant January Date 6-21-41
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 21 of the HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Jorgan Jo Long New Address 9915 E 950 Braunslaurg For Subscribed and sworn to before me this 21 day of HENDRICKS Circuit Court
CONSCIST OF PURSUIT PROPERTY OF PURSUIN	CONCENT OF AUGUST OF AUGUST
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of	County or
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
Tanya To Long, dumorizing the marriage of	
and Tanya Jo Long	I further certify that the following marriage certificate was filed in my office:
Considerati	(Marion —
unit, ii	_ in County, Indiana, County _ Indiana (state), and
9,	Tradiona
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/ Larry M. Hamm	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-2-91 (date).
	(.)
	Signed Onne Jawan Clerk
DOWNE FORMS - SYSTEMS (ADD-MO-ATT) 1477	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

Female Applicant 5	O No A	Yes 🗆
If No. Medical Example 1	mination or Report Da	ated
Name of Physician		the state of the s

IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT Name First Middle Last
Name Wichael Charles Comer	Usa Jone Havens
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
10035 Stafford Rd. Indpls. Idearico Lo.	Previous Marital Status: Never Married A OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Critico by.
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate QOther (Specify) Dr. Lic .
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No X
3. Are you now under the influence of an alcoholic beverage? A are you now under the influence of a narcotic drug? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
4. Are you now under the influence of a narcotic drug? No	5. List the full names of any dependent children.
6. (a) Full name of applicant's father harles R. Comer	6. (a) Full name of applicant's father John W. Havens Jr.
	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Peeducay TO	Residence of father (If deceased, so state)
Birthplace of father (State or foreign country) The Amith	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Service (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Trapis. In	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGMENT
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	Signature of Applicant 1: Sad Havens Date 6/24/91
Signature of Applicant 71/Whole Common Date 201	Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Whether Comm	New Address 129 EASTERN AVE. PlAINTIELO IN 46/68
New Address Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19 9 1
Clerk of the HENDRICKS Circuit Court	Tenne Janaba Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
County of REPORTED 1D #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I satisfy that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 6-24-91, authorizing the marriage of _	. I further certify that the following marriage certificate was filed in my office:
and Lisa J. Havens I S. V. Stiles	(name), certify that on 7-13-91
(date) at Danville	in Hendricks County, Indiana,
Michael C. Comer of Hendricks	County Indiana (state), and Indiana (state) were married by me as authorized
	ounty Indiana (state) were married by me as authorized f (State) were married by me as authorized (6-24-91)
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s.V. Stiles	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-15-91 (date).
	C 2
	Signed Clerk HENDRICKS Circuit Court

HENDRICKS

County

_Circuit Court

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No D Yes D 18-91 If No, Medical Examination or Report Dated 6-18-91 Name of Physician Dr. David Diggra, MD
MALE APPLICANT	FEMALE APPLICANT
Name Sirst Middle Last	Name First Middle , Last
Jeffery Lynn Pooge	Date of Birth Jane Morriba, Day Veget June 1
late of Birth Day 2 Year 55	2 63
lace of Birth (State or foreign country) Martinsaelle In.	Place of Birth (State or foreign country) Blech Grove, In.
250 N Krall St # 106 Plfs. J. 46160	Residence Address D Karel Street or R.R. Street or
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
To a series of the series of t	Date of birth verified by: Birth Certificate Dather (Specify)
late of birth verified by: Birth Certificate (Cother (Specify) Nuvers Tee.	Date of Diff. Ferming Dy. Common Education (Appendix M. C. C. C. C.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Raymond Rooze	6. (a) Full name of applicant's father Leo Flogier Sengle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Tuttersoulle In	Residence of father (if deceased, so state) Welch Mode, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and wan Wilson
(b) Full maiden name of applicant's mother Patrica and State (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother that the state of the state
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Bull Min .
Birthplace of mother (State or foreign country) Thatagas	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Signature of Applicant Suffery Lynn Rouze Date 6-24-9/	immune deficiency syndrome). Me M Signalities on 6/23/6
ignature of Applicant Applicant Applicant Applicant Date G. C. 17	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given ss:
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Johnson & Rooze New Address & Same	Signed Same New Address Dame
Subscribed and sworn to-before me this 24 day of Qual, 19 9/	Subscribed and sworn to before me this 24 * day of Spine 1991
CARRIE TAWER Clerk of the HENDAICKS Circuit Court	Opinie Rivan Clerk of the HENDRICKS Circuit Court
	CONSTRUCTION OF SUCCESS SUCCES
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	County of
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authori	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	llerk of the Circuit Court of HENDRICKS County, Indiana,
lated 6-24-91 , authorizing the marriage of _	I fourther contifu that the following manning and Continue Continu
nd <u>Jane Marie Singleton</u> Hubert Greer	I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-4-91
	in Hendricks County, Indiana,
Jeffrey Lynn Rooze of Hendricks	County Indiana (state), and
Jane Marie Singleton of Hendricks C	ounty <u>Indiana</u> (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 6-25-91
Signed by: /s/ Hubert Greer	7-8-91 (date) (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-8-91 (date).
	Signed Connie Lawren Clerk
사람들이 되고 있었습니다. 그 전 보이지 않는 것이 되고 그 가장 없어 하는 것이 되었다.	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Hawell Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Date of Birth SI Never Married Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Divorce Annulment Date of birth verified by: Birth Certificate Dother (Specify) Birth Certificate Other (Specify) No 🛛 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 💹 Yes 🔲 If answer is "ves." has the adjudication been removed? No 🗌 Yes 🗌 No 🗆 Yes 🔲 er is "yes," has the adjudication been removed? No 🔯 Yes 🔲 No 🛛 Yes 🔲 Are you now under the influence of an alcoholic beverage? No D Yes 🔲 No D Yes 🔲 Are you now under the influence of a narcotic drug? No 🔣 Yes 🔲 Are you now under the influence of a narcotic drug? No 🔯 Yes 🗌 List the full names of any dependent children. _ (a) Full name of applicant's father I acknowledge that I have received information regarding dangerous communicable diseases I have received information regarding dangerous communicable The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County __ Court, by written order issued and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, dated ____6-24-91 _, authorizing the marriage of _ Scott Eric Hobson and ___ Dawn Renee Gamble . I further certify that the following marriage certificate was filed in my office:

(name). certify that on 7-20-91 I, __ David Berthold _ (name), certify that on _

Marion

HENDRICKS

(date).

Minister

County _Indiana

_ County _ Indiana

7-23-91

County, Indiana,

(state), and

County, Indiana, dated _

(official designation)

(state) were married by me as authorized

Circuit Court

Scott E. Hobson

Dawn R. Gamble

(date), at _

Indianapolis

Signed by: /s/ David Berthold

of Hendricks

of Hendricks

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

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

HENDRICKS

_ County

HENDRICKS

Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Brext Ray Bowlin	70000
Date of Birth Month Page 1966	1 30 1968
Place of Birth (State or foreign couptry) Modlina	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State State Store Describe, Les deines Indiana	Residence Address 80x 198, akron, Fulton, Guetro Miliara State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married P OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Tother (Specify) Diver's Riverse	Date of birth verified by: Birth Certificate Other (Specify) Druce's Fucese
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓
It answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes No	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Ves ✓	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Clobanox	6. (a) Full name of applicant's father Osseph E. Laster
6. (a) Full name of applicant's father CONFINENCE (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Malegra
Birthplace of father (State or foreign country) (b) Full maiden game of applicant's mather. William Or. Bottolia.	Birthplace of father (State or foreign country) Tholians
(b) Full marker marke or applicants motives	(b) Full maiden name of applicant's mother the country of the coun
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Maluse	Birthplace of mother (State or foreign country).
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signéd X Signéd	State of Indiana County of HENDRICKS Signed A ELLOW 198 A RON TIN 4691 Subscribed and sworn to before me this 24 day of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) SS:
County of HENDRICKS SS:	County of HENDRICKS
Father ID #	Father ID # Mother ID #
Mother ID #	Subscribed and sworn to before me this day of, 19
Clerk	Cie
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authoriz	Court, by written order issued es and directs the issuance of a marriage license to the above named partie
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana Brank Ray Bowlin
dated, authorizing the marriage of andElizabeth Ann Harter	. I further certify that the following marriage certificate was filed in my office
I, Robert S. Jarboe	(name), certify that on7 - 6 - 9 1
(date), at Akron	in Fulton County, Indiana,
Brent Ray Bowlin of Hendricks	County Indiana (state), and
Brent Ray Bowlin of Hendricks Elizabeth Ann Harter of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ R. S. Jarboe	HENDRICKS County, Indiana, dated 7-6-91 Pastor (official designation) 7-9-91 (date).
Signed by: /s/ R. S. Jarboe Filed and recorded in accordance with the laws of the State of Indiana on	7-9-91 (date).
	Signed Come Towson Cler

(date), at Danville
Cliff D. Ross

Donna A. Cox

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 6-25-91 No X IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Dr. William & Dwar Do Mil circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Cox Date of Birth Place of Birth (State or foreign country) Indiana Same Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Annulment Annulment Divorce Death Birth Certificate Other (Specify) Birth Certificate Other (Specify) Yes 🔲 No N Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind Yes 🔲 No 🗆 Yes 🗌 Yes 🔲 Yes 🗌 ated to the female applicant closer than second cousin? Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🗌 Eddie Carol Cox Full name of applicant's father, Indiana a, Proter Indian Indian dence of mother (if deceased, so state). Indiana Indiana of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous The above applicant has objected to verifying by oath or affirmation or Clerk of Court Clerk of Court State of Indiana State of Indiana I swear/affirm that the inform HENDRICKS 250 25 th day of _ June, 19_ HENDRICKS the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

authorizing the marriage of Cliff Daniel Ross HENDRICKS _ County, Indiana, , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: 7-3-91Donna Annette Cox _ (name), certify that on _ Hendricks Willis R. Howard

in_

_ County __

of Hendricks

Hendricks

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

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

Signed by: /s/ Rev. Willis R. Howard

_ County _ Indiana

Indiana

Minister

County, Indiana,

(date).

_(state), and _

(official designation)

___ (state) were married by me as authorized County, Indiana, dated ___ 6-25-91

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 3/2) **HENDRICKS** County Female Applicant 50 No B IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Place of Birth (State or foreign country) 110 Center Previous Marital Status: Never Married Death Divorce A Last Marriage Ended By: Annulment Date Last Marriage Ended By: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 Yes 🔲 No 🗆 Yes 🔲 No 🗆 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No 🗵 Yes 🗌 you related to the male applicant closer than second cousin? No 🗌 Yes 🗌 Yes 🔲 No 🗌 Yes 🗌 Are you now under the influence of an alcoholic beverage? Yes 🗌 No 🗆 Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Paul McClanahan Jones (b) Full maiden name of applicant's mother_ Residence of mother (if deceased, so state) marion IN Birthplace of mother (State or foreign country)___ Birthplace of mother (State or foreign country)___ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS New Address Subscribed and sworn to before me this HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____, authorizing the marriage of _ _ . I further certify that the following marriage certificate was filed in my office: and _ _ (name), certify that on _ __ County, Indiana,_ (date), at_ _(state), and _

_ County __

Signed _

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

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

(state) were married by me as authorized

Clerk

Circuit Court

_County, Indiana, dated _ ____ (official designation)

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 313
HEND.	DRICKS County File
	6.2591
	Date of Application
IC 21 7 0 1 Europhine folco information upon ambijos for license	Female Applicant 50 No. 51
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ₩ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Paul First J Middle Frankewich	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Nebraska	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Previous marital status. Never married On No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 7 - 79
Date of birth verified by: Birth Certificate Dother (Specify) & Dr. Lic	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Stanley P. Frankewick	6. (a) Full name of applicant's father Donald D. Jerkins
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Fort Doune ID	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother bleabath R. Trallat	(b) Full maiden name of applicant's mother 1000 Degree
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Shirphace of months (date of longiff county)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date ACKNOWLEDGMENT Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS Signed Signed I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Ss: in this application is true and correct
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 25 day of June, 19 9)
Clerk of the HENDRICKS Circuit Court	Connect question Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	Clerk
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	Paul J. Frankewich
and Yvonne J. Exner	I further certify that the following marriage certificate was filed in my office:
I, Gary A. Dworak (date), at Brownsburg	in Hendricks County Indiana
Paul J Frankewich & Handricks	Tadiana County, tradau,
	County Indiana (state), and unty Indiana (state) were married by me as authorized
	III III III III III III III III III II

HENDRICKS

Pastor

7-9-91

Signed

County, Indiana, dated

(date).

(official designation)

Circuit Court

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

Signed by: __/s/ Gary A. Dworak

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Name of Physician Mr. Charles Kelly
MALE APPLICANT	FEMALE APPLICANT
arne Larry allen Phillips	Name Kirst Middle Last Last
ate of Birth Cles 5 Pay	Date of Birth Month the Date of Birth Month the Date of Birth
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Surfer or R.R. City // County State	Residence Address Street or PDP City County State
R. R. # 1 Box 484A Claylon Hend. In	. 1838 M. Kachester Dulples. Marion S
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married . OPTNo. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth-Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Yes No Yes No Yes
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Nolan Pay Phillips	6. (a) Full name of applicant's father Suttles & Speans
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Claffing In	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dally Jasuage Amilla	(b) Full maiden name of applicant's mother Saxfixe X. Nous
(If adopted, list adoptive parents only) Chatan, In-	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	immune deficiency syndrome). Signature of Applicant
erk of Court Date	Oldrich Goods
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give County of HENDRICKS) in this application is true and correct in the correct in the correct in this application is true and correct in the correct in the correct in this application is true and correct in the correct in the correct in this application is true and correct in the co
ounty of HENDRICKS in this application is true and correct.	Signed Kimberly K. John
New Address SAME	New Address 1838 10 Rochester Rue
ubscribed and sworn to before me this got the day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 26th day of HENDRICKS 1991 Cliquit Court Court
Clerk of the HENDRICKS Circuit Court	CRAMIC ALLIEUT CIERX OF THE
ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
county of HENDRICKS ss:	County of HENDRICKS ss:
ather ID #	FatherID #
lother ID #	MotherID #
ubscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19Clei
	A marriage license having been refused to the above named parties, th
County authoriz	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	
nd Kimberly Kay Spears	I further certify that the following marriage certificate was filed in my office
, J. Mark Van Valin	(name), certify that on6-29-91
date), at West Morris Free Methodist Church	in Marion County, Indiana,
Kimberly Kay Spears of Marion Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 6-26-91
Signed by: /s/ J. Mark Van Valin	
Filed and recorded in accordance with the laws of the State of Indiana on_	7-11-91 (date).
	C •
	Signed Cle HENDRICKS Circuit Cou

(date), at _

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS File County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Walden Egola Date of Birth Vear OH City rried OR No. of Previous Marriages Never Married Previous Marital Status: Divorce 💟 Annulment Death 🔲 Divorce 🖺 Date 71491 Last Marriage Ended By Death Birth Certificate Other (Specify) Other (Specify) Birth Certificate Yes 🗌 No D Are you now or have you ever been adjudged to be of unsound mind? No 🔯 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗆 Yes 🔲 No 🗆 Yes 🔲 No 🗵 No 🖾 Yes 🗌 Yes 🗌 Yes 🔲 No D Yes 🗌 No D Are you now under the influence of an alcoholic beverage? No 🔯 No 🖽 Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father 2 9004 (If adopted, list adoptive parents only)_ Decease Kopert Birthplace of mother (State or foreign country)_ ice of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirm The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana State of Indiana HENDRICKS HENDRICKS anne Come Spusso Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued ___ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____, authorizing the marriage of _ and _ _ . I further certify that the following marriage certificate was filed in my office: I, _ _ (name), certify that on __

_ County ___

Signed _

HENDRICKS

_ (date).

__ County, Indiana,__ ____(state), and ___

_County, Indiana, dated _____ (official designation)

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

316

Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
MALE APPLICANT	FEMALE APPLICANT
Name Piret Middle First Middle Farmer Date of Birth Montb Day Year (C) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages	Date of Birth Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. C(ly County State Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father VIVGI For Mer (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 foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Lotton Ford (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 Composition (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) The Composition of the country of
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Signature Signature Signature Date Signature Signature	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS Circuit County Clerk of the HENDRICKS Circuit County Circ
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss: Father	State of Indiana)
Mother	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, author	Court, by written order issued rizes and directs the issuance of a marriage license to the above named parties.
I couting that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
c 26 01 mush a wining the marriage of	. I further certify that the following marriage certificate was filed in my office (name), certify that on
Mooresville	in Morgan County, Indiana,
Richard Wayne Farmer of Hendricks Tina Marie 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	Ordained Minister (official designation)
Signed by: /s/ Jeff Castetter Filed and recorded in accordance with the laws of the State of Indiana on	

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Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	DRICKS County File
	6-27-91
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated Name of Physician Ar. Charles H. Triggle M.D.
MALE APPLICANT	FEMALE APPLICANT
Patrick Warner Ellis	Name First Middle Last
ate of Birth Month Day Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	- Indiana
osidence Address Street or R.R. City County State 3603 Clar Sanger ack 80, In Sola, Hendry IN	Residence Address Street or R.R. City County State
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2
st Marriage Ended By: Death Divorce Annulment Date 6 - 84	The same of the sa
ate of birth verified by: Birth Certificate Other (Specify)	
Drivers June 4	Date of birth verified by: Birth Certificate Other (Specify) Orivers Luces
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Notice Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
List the full names of any dependent children. The area Elin	5. List the full names of any dependent children. The full along the full well
	Khisti ann Kidwell
(a) Full name of applicant's father Carance albert Ellis	6. (a) Full name of applicant's father Baul Edward Britting
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thomas
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's matter. Class as the property of the prop	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother and boulder (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Mary and Hanning (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
at are sexually transmitted, and a flat of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Date 6-27-91 The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X Mary A X Aurell Date 6-27-91
knowledgment because of religious beliefs. erk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
ate of Indiana Punty of HENDRICKS Signed New Address New Address	State of Indiana County of HENDRICKS Signed X Many A Ridwell I swear/affirm that the information given in this application is true and correct.
bscribed and sworn to before me this 27 the day of the 19 91	New Address Subscribed and sworn to before me this 27-th day of the 19 9
bscribed and sworn to before me this 27 th day of her 19 91 HENDRICKS Circuit Court	New Address Subscribed and sworn to before me this 27-th day of
Associated and sworn to before me this 27 the day of 19 9 HENDRICKS . 19 9 HENDRICKS . 19 9 ON THE COURT .	New Address
oscribed and sworn to before me this 27 the day of HENDRICKS , 19 9 HENDRICKS Circuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN , the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	New Address Subscribed and sworn to before me this 27-th day of
Ascribed and sworn to before me this 27 the day of HENDRICKS , 19 9 HENDRICKS Circuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary te of Indiana (Indiana) SS:	New Address Subscribed and sworn to before me this 27-th day of
Described and sworn to before me this	New Address Subscribed and sworn to before me this 27th day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
Described and sworn to before me this	New Address Subscribed and sworn to before me this 27-6 day of HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father
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Described and sworn to before me this	New Address Subscribed and sworn to before me this 27 day of
DARRIAGE LICENSE ISSUED BY ORDER OF COURT. A day of HENDRICKS Circuit Court License Clerk of the HENDRICKS Circuit Court ALL AND CLERK OF THE HENDRICKS CIRCUIT COURT LID #	New Address Subscribed and sworn to before me this 27 h day of HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Clerk The marriage license having been refused to the above named parties, the Court, by written order issued 19 E and directs the issuance of a marriage license to the above named parties.
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bscribed and sworn to before me this	Subscribed and sworn to before me this 27 day of HENDRICKS Clerk of the HENDRICKS County of HENDRICKS Sate of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk Court, by written order issued 19 Eas and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indiana, Patrick W. Ellis I further certify that the following marriage certificate was filed in my office:
Clerk of the HENDRICKS Circuit Court CNSENT OF PARENTS, PARENT, OR GUARDIAN a, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary ate of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, atte of Indiana The parents of this marriage. If only one parent signs, attended to the parents of Indiana The parents of this marriage. If only one parent signs, attended to the parents of Indiana The parents of the parents of Indiana The parents of this marriage. If only one parent signs, attended to the parents of Indiana The parents of T	Subscribed and sworn to before me this 27 day of HENDRICKS Clerk of the HENDRICKS Clorcuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: Father Guartiage license having been refused to the above named parties, the Court, by written order issued as and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Erk of the Circuit Court of HENDRICKS Tartick W. Ellis I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-27-91
Clerk of the HENDRICKS Circuit Court Consent of Parents, Parent, Or Guardian at each of Indiana County Cherk Cherk Circuit Court County Clerk Circuit Court County Clerk Circuit Court Circ	Subscribed and sworn to before me this 27 day of HENDRICKS Clerk of the HENDRICKS Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Clerk Clerk The marriage license having been refused to the above named parties, the county, by written order issued 19 Eas and directs the issuance of a marriage license to the above named parties. EAND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indiana, Patrick W. Ellis I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-27-91 Hendricks County Indiana
Described and sworn to before me this	Subscribed and sworn to before me this 27 day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Subscribed and sworn to before me this day of 10 % Clerk Court, by written order issued Examples and directs the issuance of a marriage license to the above named parties. Example And Court of HENDRICKS County, Indiana, Patrick W. Ellis Ifurther certify that the following marriage certificate was filed in my office: (name), certify that on 6-27-91 In Hendricks County, Indiana, County Indiana (state), and (state) were married by me as authorized

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

318

No.

File_

County

MALE APPLICANT FEMALE APPLICANT FEMALE APPLICANT FOR A CONTROLLED CONTROLL	C 31-7-3 commits a Class D felony.	
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In this application is true and correct. New Address Supred A PLACE County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS County of HENDRICKS County of HENDRICKS Subscribed and seven to before me this 2 The MENDRICKS County of HENDRICKS Co	on o court	
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state facts which make the consent of the other parent unnecessary the of Indiana unity of HENDRICKS her ther ID ** State of Indiana County of HENDRICKS Pather ID ** Mother ID ** Subscribed and sworn to before me this day of ID ** County Count, by written order issued Indiana Indiana Indiana Indiana Gene P. Crawford Meredith L. Staton	DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
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Subscribed and sworn to before me this		Father ID #
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RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Mere ith L. Staton definition of Johnson Marriage license that was issued by the Clerk of the Circuit Court of Mere ith L. Staton of Mere ith L. Stat	OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County	Court, by written order issued
certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Mereith L. Staton Mary A. Hannah		
Mary A. Hannah Ifurther certify that the following marriage certificate was filed in my office Gene P. Crawford (name), certify that on 6-28-91 Mary A. Hannah Of	certify that there was filed in my office a marriage license issued by the Co	lerk of the Circuit Court of HENDRICKS County, Indiana,
Meredith L. Staton of Johnson County Indiana (state), and Mary A. Hannah of Hendricks County Indiana (state), and Mary A. Hannah of Hendricks County Indiana (state) were married by me as authorized and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).	nd Mary A. Hannah	I further certify that the following marriage certificate was filed in my office
Meredith L. Staton of Johnson County Indiana (state), and Mary A. Hannah of Hendricks County Indiana (state), and Mary A. Hannah of Hendricks County Indiana (state) were married by me as authorized and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).		(name), certify that on
Mary A. Hannah of Hendricks County Indiana (state) were married by me as authorized and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).	Meredith I. Staton Johnson	tri Coursey, Iridiana,
ader a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91 gned by: /s/ Gene P. Crawford , Clergyman (official designation) led and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).	Mary A. Hannah of Hendricks C	County (state), and
gned by: /s/ Gene P. Crawford , Clergyman (official designation) led and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).	der a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 6-28-91
	gned by: /s/ Gene P. Crawford	
Signed Commis Lawson		
	led and recorded in accordance with the laws of the State of Indiana on_	7-3-91 (date).
	ed and recorded in accordance with the laws of the State of Indiana on_	Signed Connie Coursen Cle HENDRICKS Circuit Course

Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 319
HEND	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Bernarden
MALE APPLICANT	FEMALE APPLICANT
Name Thomas John Lang	Name First Middle Last Lynn Karser
Date of Birth Month Day Yeal	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State RR Box 556 Freencastle IN	Residence Address Street of R.R. City County State
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married AOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Other (Specify)	Date of birth verified by: DBirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
3. (a) Full name of applicant's father William 2. Lang	6. (a) Full name of applicant's father Marge R. Kaiser
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (If deceased, so state)	Residence of father (if deceased, so state) Naviona In
(b) Full maiden name of applicant's mother above and Distriction	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) **The country of the country of	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
the above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed	State of Indiana County of HENDRICKS Signed Signed Signed State of Indiana I swear/affirm that the information given in this application is true and correct.
New Address 405 B W. Dive St. Fild.	New Address — San
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of , 19 HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) SS:	State of Indiana) HENDRICKS SS:
state of Indiana) ss:	County of HENDRICKS Ss:
citate of Indiana) Sounty of HENDRICKS) SS:	HENDRICKS SS:
state of Indiana) sounty of <u>HENDRICKS</u>) ss: ather ID #	County of
tate of Indiana) ss: county of	County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the
tate of Indiana) ss: county of HENDRICKS) ss: dather ID #	County of
state of Indiana Sounty of HENDRICKS ather ID #	County of
county of	County of
State of Indiana Sounty of HENDRICKS State of Indiana Sounty of HENDRICKS State of Indiana Sounty of HENDRICKS State of Indiana State of Indiana Sounty of HENDRICKS State of Indiana State of In	County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE terk of the Circuit Court of HENDRICKS County, Indiana, Thomas John Lang I further certify that the following marriage certificate was filed in my office:
county of	County of
State of Indiana Country of HENDRICKS Stather ID #	County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE terk of the Circuit Court of HENDRICKS County, Indiana, Thomas John Lang I further certify that the following marriage certificate was filed in my office:

under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ____/s/ Cynthia J. Spence

Filed and recorded in accordance with the laws of the State of Indiana on 6-28-91 (date).

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

6-27-91 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 X Yes I If No, Medical Examination or Report Dated 6-20-91 Name of Physician Dr. James anderson, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First , Middle Last ,
Billy Fred Hame	Date of Birth Month Day Year
Date of Birth Month Day Year	2 19 64
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
24 Churchfiel Dr. Modesville, Thorgan, IN	633 W. Jessuy R.D. Slaged, Hendricks, on
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 86	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Chore (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
	Are you now or have you ever been adjudged to be of unsound mind? No X Yes
1. Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "ves." has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes
11 Yes	2. Are you related to the male applicant closer than second cousin?
	3. Are you now under the influence of an alcoholic beverage?
	4. Are you now under the influence of a narcotic drug?
Bala 1) On Hamil	5. List the full names of any dependent children.
5. List the full names of any dependent children.	S. Edition of the state of the
6. (a) Full name of applicant's father James William Hourse Hamil	6. (a) Full name of applicant's father Donald Charles Prainces
	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
00.0-	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Mattie for Dean	(b) Full maiden name of applicant's mother Wanda Your Perru
	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) On Diana	Residence of mother (If deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Bill Hamil Date 6-37-91	Signature of Applicant X Reloris Tr. Rainey Date 6-27-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	State of Indiana) I swearlaffirm that the information given
State of Indiana) I swear/affirm that the information given ss: In this application is true and correct.	State of Indiana County of HENDRICKS ss: in this application is true and correct in the correct in
County of HENDRICKS in this application is true and correct. Signed X Bell X Annie in this application is true and correct.	Signed X Selvis H. Rainey
	New Address
New Address Subscribed and sworp to before me this 27 th day of	Subscribed and sworn to before me this 27th day of the 19 91
Compre Scrutzon Clerk of the HENDRICKS Circuit Court	Connie Lawson Clerk of the HENDROKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	State facts which make the consent of the other parent dimecessary
State of Indiana	State of Indiana)
State of Indiana) SS: Sevent of HENDRICKS SS:	County of HENDRICKS ss:
County of	FatherID #
Father	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Clerk	Cle
	A marriage license having been refused to the above named parties, th Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana.
I certify that there was filed in my office a marriage license issued by the Cladated 6-27-91, authorizing the marriage of	
dated, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office
	8-2-91
I, Glen B. Howe (date), at Danville	in Hendricks County, Indiana,
Bill F. Hamil of Morgan	_ m county, mataria,
Deloris K. Rainey of Hendricks Co	County
under a marriage license that was issued by the Clerk of the Circuit Court of	troughter (black) were married by the
Signed by:/s/ Glen Howe	
Filed and recorded in accordance with the laws of the State of Indiana on_	8-9-91 (date).
The same recorded in decordance min the land of the blate of mataria on_	
	Signed Connie Sawson Cler
	HENDRICKS Circuit Cour

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes 🛛 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Britchett Jame 4763 Hormal ave. Thanon 5756 Never Married OR No. of Pro Death 📉 Divorce Birth Certificate Other (Specify) Birth Certificate Other (Specify) No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗌 Yes 🗌 Yes 🗌 No No related to the female applicant closer than second cousin? Yes 🔲 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 Dreen Dale Cline Deceased Deceased of mother (if deceased, so state). Indiana alabama of mother (State or foreign country)_ of mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS 5 10/10 Blumtree 28th 284 HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

_ County_

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

(date).

_ County, Indiana,_

Danson

HENDRICKS

_(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 7-13-91

(name), certify that on _

Marion

Indiana

County Indiana

7-19-91

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ______ dated ______, authorizing the marriage of ______ James Francis Myer

of Hendricks
Hendricks

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

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

Sharon C. Pritchett

Signed by: /s/ Rev. Robert L. Gidley

Rev. Robert L. Gidley

Sharon C. Pritchett of

(date), at ___Indianapolis

James F. Myers

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

HENDRICKS

322

No. _

File .

County

person who knowingly furnishes false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗎 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician 😕 Harris , M.D.
MALE APPLICANT	FEMALE APPLICANT
te of Birth State State Middle Last Martor Year 7	Name Shannon Middle Cast Date of Birth Month Day Year 12 4 Last Carvett Year 4 69
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State 324 A. Pearl and Hendrick, Indiana evious Marital Status: Never Married On No. of Previous Marriages	Residence Address Street or R.R. City County State State County State County State County State County State County State County State State County Previous Marital Status: Never Married On No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: ABirth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Derold Exact Mantor (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 Marlux fan Yuller (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Sobut Sparking Canada (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 Jeresa Canada Wynne (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana HENDRICKS Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed State of Indiana New Address I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 28th day of 91	Subscribed and sworn to before me this 28-6 day of June . 19 91
Subscribed and sworn to before me this 28th day of	Subscribed and sworn to before me this 28th day of June 19 91 Conne Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Consent of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
CONSENT OF PARENTS, PARENT, OR GUARDIAN No, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS SS:	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Ountly of HENDRICKS State ID #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana) SS:
CONSENT OF PARENTS, PARENT, OR GUARDIAN No, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS SS:	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: ID #
Consense Consens of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Seather ID # County of Jerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: ID #
Consense Consens of the HENDRICKS Consens of the Arrivage Clerk of the Consens of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Seather ID # County of Jerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County County	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: ID #
Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-30-91 in HENDRICKS County, Indiana, County IN (state), and
Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of

No. _ 323

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	County File
	6-28-91 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 2 Yes 15-14-91 If No, Medical Examination or Report Dated 5-14-91 Name of Physician La Harrise
TO STATE COMMINIS & CHASS & HOISING.	
MALE APPLICANT	FEMALE APPLICANT
Name John First Middle Muchael Mac Karen	Name of the First Dean Middle Henrican
Date of Birth Day Month Day A Year	Date of Birth Add Month Day Cogr
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Calyornia	Florida
Residence Address Street or BCR Lot 168 Houston Harris JN	Regidence Address. Street of R.B. City . Control Carolina
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Linald Charles machane	6. (a) Full name of applicant's father pavid muchael Hunshaw
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother United Yorgold Mullally	(b) Full maiden name of applicant's mother Carole Gran Hughes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Shirphase of morror (state of looky)	Situlplace of motifer (State of Foleign Country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed County of County of Signed County of Cou	State of Indiana County of HENDRICKS Signed HOTHER D. Hunkkow New Address Subscriped and sworn to before me this 28 day of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTE PARENT OR CHARDIAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cli	erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	John Michael MacLaren
and Katherine Diane Hinshaw	I further certify that the following marriage certificate was filed in my office.
I, Richard D. Peterson	(name), certify that on6-29-91
date), at Brownsburg John Michael MacLaren of Harris	in Hendricks County, Indiana,
Katherine Diane Hinsham Harris Co	County Texas (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(Start) — (Start) were many rear by me as admitoraged
Signed by: /s/ Richard D. Peterson	,
Filed and recorded in accordance with the laws of the State of Indiana on	7-3-91 (date).
	Carre
	Signed Clerk
BOYCE FORMS - SYSTEMS 1-900-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

231-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the rcuit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No Yes III No, Medical Examination or Report Dated 2-25-91 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
me Mark Richard aleske se of Birth Month 9 27 Year 57 ce of Birth (State or foreign country) Quincy Marilal Status: Never Married OR No. of Previous Marriages	Name Place of Birth Date of Birth Morth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married AQR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify) Drunes Lic	Date of birth verified by: Birth Certificate Sother (Specify) Nuvers' Lic.
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Sygmond Richard Allske (If adopted, list adoptive parents only). Residence of father (if deceased, so state) Rockland, Ma., Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Egnatica ann Fulation (If adopted, list adoptive parents only). Residence of mother (if deceased, so state) Rockland, Ma., Birthplace of mother (State or foreign country).	(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites, for the virus that causes AIDS (acquired namune deficiency syndrome). Once 28 9 Date 28 9 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs. erk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Signed New Address Subscribed and gworn to before me this 28th day of HENDRICKS Clerk of the Clerk of the I swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed State of DAN JONES Subscribed and sworn to before me this 28 day of HENDRICKS Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS) Ss: Cather ID #	State of Indiana) ss: County of HENDRICKS) Ss: Father
County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 6-28-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, Mark Richard Aleski
Rev. Douglas M. McCormick	I further certify that the following marriage certificate was filed in my office: (name), certify that on $\frac{7-20-91}{}$
(date), at Zionsville	_ in Boone County, Indiana,
	County(state), that
	nunty_Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 7-20-91

____ Clerk _Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

and an analysis	No. 325
HEND	PRICKS County File
	7 - 1 - 91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☒ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician M. Reberca, Haak, M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Prist Middle Last Downer	Name Cherry &, Die breath
Date of Birth Month Day Year	Date of Birth (Month Day Year 9 28 5.8
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5048 W. Magle Dr. Danville, Heraviolo, IN	5048 W. Magle Dr. Danville, Hendrida, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date - 91	Last Marriage Ended By: Death Divorce Annulment Date 9-90
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Anne (Specify) Driver Ficense
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Nov Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children. Mary anne Downer	5. List the full names of any dependent children. Tyckelle Julyreach,
Dowden Janley Heint Dowden	Thichael Dilbreath, J.
6. (a) Full name of applicant's father Solenh, H. Dowden	6. (a) Full name of applicant's father Doncelo E. Brondebrus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Carol J. Hund	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Setting Maiosn
	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 7-1-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant August 1 have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Muchael L. Owender Signed L. Owender Sign	State of Indiana County of HENDRICKS Signed Chony L Library in this application is true and correct
New Address Subscribed and sworn to before me this 1st day of 1991	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 1st day of HENDRICKS, 19 9 Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Clo	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-1-91, authorizing the marriage of	Michael Lee Dowden
and Cheryl L. Gilbreath I, Cynthia J. Spence	(name), certify that on 7-1-91
(date), atDanville	_in Hendricks County, Indiana,
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized (state) were married (state) were
Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	, 1st Deputy Clerk (official designation) 7-1-91 (date).

HENDRICKS

County

No. 326

_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🌣 Yes □ If No, Medical Examination or Report Dated Name of Physician 🔎 🌣 🔗 🗠 , M D,
To or no committee of characters and the characters are characters are characters are characters and the characters are character	
MALE APPLICANT	FEMALE APPLICANT
Name Brian See Duinn	Name First Middle Plant Ploughe
Date of Birth Month Day Year	Date of Birth Month Day Year O
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
180 Elm Et. # 903 Dunnyvale, Santa Clara, Ca.	R.R. 1 Dox 205 Puttaboro, Hendrichs, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
List the full hames of any dependent children.	List the full names of any dependent children.
	The second secon
6. (a) Full name of applicant's father Dr. David S. Juinn	6. (a) Full name of applicant's father Vernon Eugene Bloug
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother and Smith	(b) Full maiden name of applicant's mother Theresa Marie Wign
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applicant Date 7/1/91	Signature of Applicant X humon M Placegle Date 7/1/91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given Ss: State of Indiana	State of Indiana) I swear/affirm that the information give ss:
County of HENDRICKS Signed Sun	County of HENDRICKS in this application is true and correct Signed X Shannon M Plouge
New Address Same	New Address
Subscribed and sworn to before me this 21 day of Suly , 19 9 Commet Saurism Clerk of the HENDRUCKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS 19 91
Connue Transcription Clerk of the HENDRUCKS Circuit Court	Connue Jawan Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, th
County	Court, by written order issued
, authoriz	es and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
dated, authorizing the marriage of andShannon Marie Ploughe	. I further certify that the following marriage certificate was filed in my office
	$_$. I further certify that the following marriage certificate was filed in my office (name), certify that on $_$ 7 - 6 - 9 1
date), at Plainfield	_ in _ Hendricks County, Indiana,
Shannon Marie Ploughe of Hendricks	
Shannon Marie Ploughe of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Boyd Sellers	
Filed and recorded in accordance with the laws of the State of Indiana on_	
	0.9
	Signed Clerk
	HENDRICKS Circuit Court

Circuit Court

File

County

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

-91 IC 31-7-9-1. Furnishing false information upon applying for license. No 🕱 Yes Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Charles Tripple circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT alic Place of Birth (State or foreign cou Colo 1502 James Dr Never Married OR No. of Previous Marriages Never Married Divorce 🗌 Death Date Death Divorce Date of birth verified by: Birth Certificate Apther (Specify) Drivers Tyc Land Date of birth verified by: Birth Certificate Other (Specify) No Yes Not Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 No 🗆 Yes 🔲 Yes 🗌 No A Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 now under the influence of a narcotic drug? List the full names of any dependent children. Edward Reeves esse Stanton Than Druger Deceases Theigna ne of applicant's mother Dorothe & Lois Brown Monroe ondiana Indiana ace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS BN 182 G15 Dreen Castle, Ir day of Augu XIA 91 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Dennis J. MacGruder __, authorizing the marriage of _ Alice J. Reeves . I further certify that the following marriage certificate was filed in my office:

(name) certify that on 8-10-91 I, The Rev. Paul Landwerlen (name), certify that on ____ (date), at __Indianapolis County, Indiana, _ County ____Indiana of_ Hendricks Indiana Dennis J. MacGruder _(state), and _ of Putnam Alice J. Reeves County __ under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ____/s/ Paul Landwerlen Catholic Priest (official designation) 8-13-91 (date). Filed and recorded in accordance with the laws of the State of Indiana on.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician Dr. Stephen C. Herry M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name William Enpo Fortier	Name Hancex See Elevatt
Date of Birth Year	Date of Birth Month O Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street - 9 9 City Counity State	Residence Address Street or R.R. City County State
1721 Grachel Dr., Pellel, Hendrick, IN	1721 Gachel Dr. Pelle, Hindricks, on.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 6 76	Last Marriage Ended By: Death Divorce Annulment Date 6 - 85
Date of birth verified by: Birth Certificate Kother (Specify) Drivera License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes	2. Are you related to the male applicant closer than second cousin? No N
4. Are you now under the influence of a narcotic drug? No K Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Frank Fortier, II	6 (a) Full name of applicant's father Otic Lee Bonch
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Moone
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Therapa
(b) Full maiden name of applicant's mother Thangaret Barrios	(b) Full maiden name of applicant's mother Thank Eller Bur Q
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Sanger, Buents Buco	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Sange, Sulants Oxico	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	Signature of Applicant \ aucy de Olio H Date 7/3/9
Signature of Applicant & William C Tolkey Date 4477	Signature of Applicant X Aury Ole White T Date 1991
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS A 55: In this application is true and correct.	County of HENDRICKS ss: In this applies by is true and correct
Signed & William & Fortig	Signed Davy Fee Cleo A
New Address Same	New Address
Subscribed and sworn to before me this 2 AD day of HENDRICKS 4. 19 91	Subscribed and sworn to before me this 2 A 2 day of HENDRICKS . 19 91
Commo Sawdon Clerk of the HENDRICKS Circuit Court	Conne Fauton Clerk of the MENDAULAS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) HENDRICKS 55:
County or	County of
Father ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-2-91 , authorizing the marriage of and Nancy Lee Elliot	
Manager W Majagashh	I further certify that the following marriage certificate was filed in my office (name), certify that on8-17-91.
	in Hendricks County, Indiana,
William E. Fortier of Hendricks	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-17-91
Signed by: /s/ Teresa Wainscott	
Filed and recorded in accordance with the laws of the State of Indiana on_	3-17-92 (date).
	Signed Cornie Lawson Clerk
	Signed Orm Clerk HENDRICKS Circuit Court

Circuit Court

329

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

person who knowingly furnishes false information upon applying for license. person who knowingly furnishes false information to a clerk of the requit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 5-7-91 Name of Physician And Anticott, Mo.
MALE APPLICANT	FEMALE APPLICANT
me Synala Chapte Sunch	Name Person Date of Birth Day Month Day Fear Fear
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State Street or R.R. City Final Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State Street or R.R. Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 8 - 88	Last Marriage Ended By: Death Divorce Annulment Date 10 - 8 (
te of birth verified by: Birth Certificate Sother (Specify) Drivers Sicense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Sicense
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Ocolle Mervin Tuynch (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father The Country (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (If deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Source Wentworth	(b) Full maiden name of applicant's mother sharely ann Hughes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired innune deficiency syndrome). Date 7-2-9/ The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
namune deficiency syndrome. Date 7-2-9/ The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Add of Address Add of Address Subscribed and sworn to before me this Date 7-2-9/ I swear/affirm that the information given in this application is true and correct.	Signature of Applicant X Sunda S Roam Date 1-2- The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Add of Address Add of Address Subscribed and sworn to before me this Date 7-2-9/ I swear/affirm that the information given in this application is true and correct.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Date I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signature of Applicant app	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed HENDRICKS
the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Date I swear/affirm that the information given in this application is true and correct. Signed	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. Silerk of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed A Court Clerk of the HENDRICKS Signed A Court Clerk of the HENDRICKS Circuit Court Co
the above applicant has objected to verifying by oath or affirmation or signature to the above oknowledgment because of religious beliefs. Signed	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed A Subscribed and sworn to before me this A Deficiency CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed A Subscribed and sworn to before me this A Deficiency Consent of Parents, Parent, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed A Subscribed and sworn to before me this day of 10 % Clerk of the Subscribed and sworn to before me this day of 10 % Clerk of County of HENDRICKS Signed A Subscribed and sworn to before me this day of 10 % Clerk of County of 10 % Clerk of the Subscribed and sworn to before me this day of 10 % Clerk of County of 10 % Co
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Sierk of Court Date I swear/affirm that the information given in this application is true and correct. New Address Signed Application is true and correct. New Address Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, and the parent signs, state facts which make the consent of the other parent unnecessary.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Clerk of Court Date Date I swear/affirm that the information given in this application is true and correct. Signed Subscribed and sworn to before me this Date Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County of	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
ignature of Applicant Date 7-2-9/ inhe above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, attended to the other parent unnecessary Signed Subscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, attended to the other parent unnecessary ID ### CIPCHAPTION OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Applicant In the above and court of the other parent unnecessary ID ### CIPCHAPTION	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
namune deficiency syndromen and properties and properties and points of Applicant Applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Signed Application is true and correct. Clerk of the HENDRICKS Application is true and correct. Souscribed and sworn to before me this Application is true and correct. CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Applicant Applicant Applicant Applicant Application is true and correct. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Application is true and correct. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Application is true and correct. ID ## Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Application is true and correct. Signed Application is true and correct. Signed Application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. Signed Application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. In this application is true and correct. Signed Application is true and correct. In this application is true and correct. In this application is true and correct. Signed Application is tr	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
Date 7-2-9/ In above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Signed	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

330

7-3-91
Date of Application

MALE APPLICANT	FEMALE APPLICANT
First Middle Last	Name A First Middle Last
Thomas Michael Smith	Date of Birth Month Day Year
of Birth Month Day Year	11 24 51
of Birth (State or foreign country)	Place of Birth (State or foreign country)
ence Address Street or R.R. City Coupty State	Residence Address Street or R.R. City County State
Formandie Dr. Danville, Hendricks, In.	26 Homandie Dr. Danville, Histricho, I
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date 8 - 88	Last Marriage Ended By: Death Divorce Annulment Date 6 - 89
- * 0'	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
of birth verified by: Birth Certificate Other (Specify) Where Fully 1	- R William of Science
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No Yes □
Are you related to the female applicant closer than second cousin?	
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No. Yes Yes	Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes □
Are you now under the influence of a narcotic drug? No. Yes List the full names of any dependent children.	5. List the full names of any dependent children. Ouchard Darry Purle
List the full fiallies of any dependent officion.	00
	7. 4 SQ. St.
(a) Full name of applicant's father Edward 7, Shook	6. (a) Full name of applicant's father treet Shannon Stan
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
A CONTRACTOR OF THE CONTRACTOR	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Clau Philora Juel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGMENT
ACKNOWLEDGMENT cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseas
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir
nune deficiency syndrome)	immune deficiency syndrome).
nature of Applicant \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature of Applicant Allendar Figle Date 1/3/
above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Rk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs. Clerk of Court Date
le of Indiana I swear/affirm that the information given Inty of HENDRICKS Signed New Address New Address	County of HENDRICKS ss: in this application is true and corre
day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 300 day of HENDRICKS Circuit Co
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
to at Indiana	State of Indiana)
te of Indiana) ss:	County of HENDRICKS ss:
her ID #	Father ID #
therID #	Mother ID #
oscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	A marriage license having been refused to the above named parties, t
County	Court, by written order issued
nd filed in, authoriz	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
ated 7-3-91, authorizing the marriage of	
John Koppitch	I further certify that the following marriage certificate was filed in my office
atal at Danville	in Hendricks County, Indiana,
Thomas Michael Smith of Hendricks	County Indiana (state), and
	unity (state) were married by me as authorize
	uniy (state) were married by me as damorize

HEND	No. 331
HEND	County File 7-5-91
	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 A Yes If No, Medical Examination or Report Dated Name of Physician Dr. Morman H. Sceleschutz, Mc
MALE APPLICANT	FEMALE APPLICANT
Name , First Middle Last	Name Last Middle Durlan
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County , State
1039 RD, 450 M. Brownshing, Hendrichs, In.	3120 91, 950 E. Brownshing, Hendrick, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
THE RESIDENCE OF THE PARTY OF T	
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No☆ Yes □ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry aller Stafford	6. (a) Full name of applicant's father Ducke Edward Duckey
6. (a) Full name of applicant's father the father (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Strenda Kan Warren	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother many catherine seum
(If adopted, liet adoptive parents only)	(If adopted list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: Signed Signed Stafford in this application is true and correct. New Address	County of HENDRICKS ss: in this application is true and correspond to the supplication to th
Subscribed and sworn to before me this 5th day of 19 91	Subscribed and sworn to before me this 5th day of HENDRIOKS Clearly Subscribed and Subscribed an
Commie Source Clerk of the HENDRICKS Circuit Court	Connie Fauton Clerk of the HENDRICKS Circuit Con
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana) see	State of Indiana) ss:
County of HENDRICKS ss:	County of HENDRICKS SS:
FatherID #	FatherID # MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana
dated 7-5-91 , authorizing the marriage of	I further certify that the following receiving certificate was filed in was the
	I further certify that the following marriage certificate was filed in my office (name), certify that on 7 - 20 - 91
(date), at Brownsburg	_ in Hendricks County, Indiana,
David A. Stafford of Hendricks Lori M. Durham of Hendricks Co	County Indiana (state), and
	(State) were married by me as aumorize

(date).

_ Clerk Circuit Court

County Indiana

, Minister 7-24-91

Signed .

of Hendricks

Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Larry A. Stafford

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

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HENDE	RICKS County File
	7 - 5 - 9 I Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated Name of Physician Czenkusch, N. D.
MALE APPLICANT	FEMALE APPLICANT
MALE APPLICANT Name First	Name Cherist Date of Birth Place of Birth Previous Marital Status: Never Married AOR No. of Previous Marriages Last Marriage Ended By: Date of birth verified by: Birth Certificate Divorce Annulment Date
(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 2-5-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Source HILLS VIC. 3127. Subscribed and sworp to before me this 5th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed County of Personal County of HENDRICKS Signed County of Personal County of Circuit County Subscribed and sworn to before me this 5-th day of HENDRICKS Circuit County Circuit County Circuit County State of Indiana I swear/affirm that the information given in this application is true and correct. Advantage of Indiana Subscribed and sworn to before me this 5-th day of HENDRICKS Circuit County Circuit Coun
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana County of HENDRICKS Ses: Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	
and Cheryl Lynn Sheehan	I further certify that the following marriage certificate was filed in my office:
(date), at Brownsburg Sergio S. Stojkovich of Preston Cheryl Lynn Sheehan of Hendricks C	inHendricks
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Richard D. Peterson Filed and recorded in accordance with the laws of the State of Indiana on	f HENDRICKS County, Indiana, dated 7-13-91 , Minister (official designation) 7-16-91 (date).

Signed_

_Clerk

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Yes IC 31-7-9-1. Furnishing false information upon applying for license. No 🕱 Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Ken Maynard circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Place of Birth (State or foreign Same Previous Marital Status: Never Married OR No. of Previous Marriages Divorce 🔲 Annulment Divorce Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Drivers Birth Certificate Other (Specify) Yes 🔲 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 No 🗆 Yes 🗌 No. Yes 🔲 No D Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Ernes & William anderson (a) Full name of applicant's father William a. Stephens Flordia Felinois other Maryonie Indiana ice of mother (State or foreign country)_ Jowa **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County __ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ___, authorizing the marriage of ___William Grahame Stephens dated _____7-5-91 _ . I further certify that the following marriage certificate was filed in my office: and Beth Ann Anderson 7-19-91 (name), certify that on ___ /s/ Michael D. Keele (date), at ___Indianapolis Marion County, Indiana, _ County _ Indiana of Hendricks _(state), and _ William G. Stephens (state) were married by me as authorized Indiana __ of Hendricks Beth Ann Anderson County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: /s/ Michael D. Keele (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

HENDRICKS

Circuit Court

HENDRICKS

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Circuit Court

File _

	7-5-91 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 X Yes I If No, Medical Examination or Report Dated 6-17-91 Name of Physician Dr. Cindy Brown, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Cast Once Date of Birth Month Day Place of Birth (State or foreign country) Florth Caralina	Name First Middle Last Date of Birth Month Day Place of Birth (State or foreign country) Month Day Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 2400 (Innance Are, Ggt, 607 Ingerte, Sagorte, In	Residence Address Street or R.R. City County State R. R. R. State On 18 A Sitts Voro Hen Dricks, IN Previous Marital Status: Never Married Off No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Sucense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Successe
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Devely Brice (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 Parla Jan Hungelman (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Cverett See Olehander (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 Sorutta Yan Cain (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana Ountry of HENDRICKS Signed Annua Price In this application is true and correct. New Address Same Subscribed and sworn to before me this 5th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed County of Jean County of County of HENDRICKS Signed County of Jean County of HENDRICKS Subscribed and sworn to before me this 5th day of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana) ss: County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Indiana, Randall R. Price
and Linda J. Alexander	I further certify that the following marriage certificate was filed in my office:
I, R. Fred Rodkey (date), at Avon, Indiana	in Hendricks County Indiana
Randall R. Price of LaPorte	County Indiana (state), and
Linda J. Alexander of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ R. Fred Rodkey	unty Indiana (state) were married by me as authorized
Filed and recorded in accordance with the laws of the State of Indiana on	7-16-91 (date).
	Signed Omnie Fame Clerk HENDRICKS Circuit Court

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File _

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 7-5-9/
circuit court when the person applies for a marriage license under	Name of Physician M. Neeley, M.D.
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Tenne Jennet Ree Telast	Name Y A + A First in A Middle A Last A
tate of Birth Day 5 Year 5 2	Date of Birth Month Day 4 Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Speel or R.R. City County State
2644 W 200 N Donaelle In.	1861 St Rd 42 Manualle In
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Pate of birth verified by: Birth Certificate Other (Specify) United Registration	Date of birth verified by: Birth Certificate Stree (Specify) Where Lee.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note The Property of t
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children. Benjamin Ward 1645	5. List the full names of any dependent children.
Janua Ward 12 cms.	Adam Berk age.
(a) Full name of applicant's father Deldy Frank Ward	6. (a) Full name of applicant's father Pervin Paul Penne
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brunsburg, In.	Residence of father (if deceased, so state) Claryton, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Tera gran Walker	(b) Full maiden name of applicant's mother afficieds Ruth Res
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
	Simple of money (case or folight county)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Signature of Applicant Derry L. Ward Date 7-5-91	Signature of Applicant Katherine O. Beck Date 7-5-9
	organism of Applicant / (South Structure)
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	John of Court
itate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information giver
Signed Serry & Ward in this application is true and correct.	Signed Katherine a. Beck in this application is true and correct
New Address SAME OF	New Address 2644 W. 200 N. Danville, In. 46
ubscribed and sworn to before me this 5 th day of July 199/	Subscribed and sworn to before me this 5 % day of July 19 9/
Thrie Lauren Clerk of the HENDRICKS Circuit Court	Come Roman Clerk of the HENDRICKS Circuit Cour
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ounty of HENDRICKS ss:	State of Indiana) County of HENDRICKS \$8:
ounty or	FatherID #
otherID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd med m, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Terry Lee Ward
,,	I further certify that the following marriage certificate was filed in my office:
Robert D. Spanton, Jr.	(name), certify that on 7-12-91
late), at Plainfield	in Hendricks County, Indiana,
Terry Lee Ward of Hendricks	County Indiana (state), and
ratherine Ann Beck of Morgan Con	unty Indiana (state) were married by me as authorized
Katherine Ann Beck of Morgan Counder a marriage license that was issued by the Clerk of the Circuit Court of igned by: /s/Robert D. Spanton, Jr.	
iled and recorded in accordance with the laws of the State of Indiana on	7-16-91 (date).
and the same of the state of matana on_	
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

<u>HEND</u>	PRICKS County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes In If No, Medical Examination or Report Dated Name of Physician No.
MALE APPLICANT	FEMALE APPLICANT
Name Walter Buchard Lembe S.	Name aneita Fane Browles
Date of Birth Month Day Year (6.3)	Date of Birth Month Day Year 5 6
Place of Birth (State or foreign country) Andrana	Place of Birth (State or foreign country)
939 Brenden Dr. Blanfield Hendrichs, In.	Residence Address Street or R.R. City County State 203 S. Vine St. Plainfield Hendriche, I.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 5 - 90
Date of birth verified by: Birth Certificate AOther (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Druvers Sucesse
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
4. Are you now under the influence of a narcotic drug? No Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Selfrey alan Browles Seremy South Browles Ballo Marie
6. (a) Full name of applicant's father Walter Orichard Lembre St.	6. (a) Full name of applicant's father Roy B, Sullivan
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father States (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Quice Margaret Koch	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 700 mg 3 Me 0 mg 310 (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sucrapa	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-5-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X Concita 7. Broyles Date 7/5/9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
Countried HENDRICKS SS:	County of HENDRICKS SS:
Signed Si	Signed X aneita 7. Brayles
New Address Same Subscribed and sworn to before me this 5th day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 5-th day of HENDRICKS 19 91 Consider Science Clerk of the HENDRICKS Circuit Court
Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 7-5-91, authorizing the marriage of	Walter R. Lemke
and Aneita F. Broyles	I further certify that the following marriage certificate was filed in my office:
I, Stephen White (date), at Plainfield	(name), certify that on 1-21-91
Walter R. Lemke of Hendricks	
Aneita F. Broyles of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Stephen White Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County, Indiana, dated 7-27-91 , Minister (official designation) 7-30-91 (date).

Lawson HENDRICKS

_ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No X Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce 🔲 Annulment ☐ Birth Certificate ☐ Other (Specify) No. M Yes 🗌 No Yes No 🗆 Yes 🔲 No 🗌 / Yes 🗌 Yes 🔲 No Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana day of July , 19 9, CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ______, authorizing the marriage of _____ George Davis Ly ___ County, Indiana, ___, authorizing the marriage of ___ George Davis Lynn, II dated Tammy Jo Floyd . I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-6-91____ (name), certify that on ___ _in__ Hendricks Hubert Greer (date), at ___Plainfield __ County, Indiana, of_ Hendricks County Indiana
Indiana George Davis Lynn II __(state), and _ Boone (state) were married by me as authorized Tammy Jo Floyd _County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of ____ Pastor Signed by: /s/ Hubert Greer _ (official designation) 7-10-91 Filed and recorded in accordance with the laws of the State of Indiana on_ Clerk

HENDRICKS

338

HENI	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 1 Yes I If No, Medical Examination or Report Dated Name of Physician Alexandra Months
MALE APPLICANT	FEMALE APPLICANT
Name Donald T. Zering	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year 9
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8.28.87	Last Marriage Ended By: Death Divorce Annulment Date 88 1
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate POther (Specify) Dr. Lic.
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. No The Yes I	4. Are you now under the influence of a narcotic drug? No Yes
b. List the full names of any dependent children.	5. List the full names of any dependent children. Mucholia, Waliana
6. (a) Full name of applicant's father Harvey Allina M.	6. (a) Full name of applicant's father the same of applicant the same of
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Ladge TN
(b) Full maiden name of applicant's mother Walbre Finds and	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sheethead Pitts
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-5-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the abo acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) Swear/affirm that the information give
County of HENDRICKS Signed & Sorvel & Zorum.	County of HENDRICKS ss; in this application is true and correct
New Address 1993 N. 1800 F. Danville In	New Address Sancial California
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS 19 11
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of <u>HENDRICKS</u> ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	a marriage license having been refused to the above named parties, th
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated $\frac{7-5-91}{}$, authorizing the marriage of $\frac{1}{}$	erk of the Circuit Court of HENDRICKS County Indiana
1 Connie I Champes	. I further certify that the following marriage certificate was filed in my office (name), certify that on7-20-91
(date), atAvon	in Hendricks County Indiana
Donald J. Zering of Hendricks	CountyIndiana (state), and
	unty <u>Indiana</u> (state) were married by me as authorized
Signed by: /s/ R. Fred RodKey	
Filed and recorded in accordance with the laws of the State of Indiana on	7-30-91 (date).

Signed_

(date).

HENDRICKS

Clerk

Circuit Court

Luis Martin Garcia

JoDee Ratliff McVay of

under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: __/s/ Gregory Lee Ratliff
Filed and recorded in accordance with the laws of the State of Indiana on ____

STATE OF INDIANA

Health under Authority of IC 31-7-3 APPLICATION FOR	MARRIAGE LICENSE
HEND	DRICKS County File
	7-0J-9/ Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr. Pos
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign country)	Name First Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State 0137 Kuransa, Indisnipolis, Hersticks, Indisna 4623	Midiana
ast Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date Value of birth verified by: Birth Certificate Gother (Specify) Drivers Fricase	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) California Birthplace of mother (State or foreign country) Wiship	6. (a) Full name of applicant's father Centre James Me Vay, (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Bickly, Yonelle Rattiff (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minus deficiency syndrome). Biginature of Applicant R August M Date 1-05-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Page	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Suys M Sacros New Address Sum as Cuttor Subscribed and sworn to before me this Control hauser Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X Dee Management of this application is true and correct. Signed X Dee Management of the Authority of the HENDRICKS Subscribed and sworn to before me this 5 day of Youly 19 97 CRANE Lawren Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary State of Indiana)
ounty of iss:	County of HENDRICKS ss:
other ID #	Mother ID #
County	A marriage license having been refused to the above named parties, the Court, by written order issued
THE RESIDENCE OF THE PARTY OF THE PARTY OF THE PARTY.	zes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, Luis Martin Garcia
(date), at Pittsboro	(name), certify that on

County Indiana

7-17-91

County_

Signed .

Indiana

(date).

HENDRICKS Minister

_(state), and _

____ (state) were married by me as authorized _____ County, Indiana, dated _____ 1 3 - 9 1 _____ (official designation)

_Clerk Circuit Court

Hendricks

Hendricks

I. Richard Pinelle

James E. Mount

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

Signed by: /s/ Richard Pinelli

(date), at 124 Kenwood Circle - Indianapolis

Guilda R. Crisp of Hendricks

_ of_ Hendricks

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

Signed by: /s/ Richard Pinelli , Pastor

Filed and recorded in accordance with the laws of the State of Indiana on 8-6-91

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🗆 Yes 🖾 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Date of Birth Previous Marital Status: Never Married Previous Marital Status: Divorce 2 Annulment Date 7 - 78 Divorce D Annulment Death Date 10 - 66 Death Last Marriage Ended By: Birth Certificate Other (Specify) Birth Certificate Other (Specify) Cresus Elcuse No D No 🛛 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind' Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🔲 No 🗆 No 🛛 Yes 🗌 No 🖸 Yes 🔲 Are you related to the female applicant closer than second cousin? No D Yes 🔲 No 🔟 Yes 🗌 Are you now under the influence of an alcoholic beverage's Yes 🔲 No 🗆 No 🛛 Yes 🗌 Are you now under the influence of a narcotic drug's List the full names of any dependent children Birthplace of mother (State or foreign country)____ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court Clerk of Court State of Indiana Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary County of __ Subscribed and sworn to before me this ____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ___, authorizing the marriage of _____ James E. Mount dated _____ 7-8-91 ___. I further certify that the following marriage certificate was filed in my office:

(name), certify that on ______8 - 3 - 9 1 Guilda R. Crisp

____ (name), certify that on ____

Marion

Indiana

Indiana

HENDRICKS

_ (date).

_____ County ___

____ County, Indiana,_

__(state), and _

___County, Indiana, dated ___

_____ (official designation)

_ (state) were married by me as authorized

Clerk Circuit Court

Clerk

Circuit Court

HENDRICKS

No.

County

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

231-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the requit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
William Bran This	Name Ellie Middle Mask &
e of Birth Month Day Year	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Dentucky	260 Thee our Dr. agt. 8 Blaffe, Hendrick
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date 1 85	Last Marriage Ended By: Death Divorce Annulment Date 4 - 80
e of birth verified by: Birth Certificate Sother (Specify) Following Continuous Conference of the Continuous Conference of the Continuous Conference of the Continuous Conference of the Continuous Continuous Conference of the Continuous Contin	Date of birth verified by: Birth Certificate Other (Specify) Dentification Car
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No SQ Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of an aiconolic deverage?	4. Are you now under the influence of a narcotic drug? No. 1 Yes Ye
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Dames Floma Thickly	6. (a) Full name of applicant's father John Frank Johnson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother 30 a 4 4 0 0 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sillie Olice The Ke
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
te of Indiana) I swear/affirm that the information given unty of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application of true and correct.
Signed X williams milly	Signed Keffie M Malpel
New Address 260 Thill Bun Dr. apt. 8	New Address Subscribed and sworn to before me this day of land 19 9
bscribed and sworn to before me this 8 th day of 19 9 HENDRICKS Circuit Court	Connu Squizon Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, te facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
te of Indiana) ss:	State of Indiana) HENDRICKS SS:
therID #	County of
therID #	MotherID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle ted, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on
	_ in County, Indiana, County (state), and
of Con	unty (state) were married by me as authorized County, Indiana, dated
der a marriage license that was issued by the Clerk of the Circuit Court of	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

342

File _

__ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No X Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 6-10-91
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Karen, Beard, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Planton Read Para Para Para Para Para Para Para Pa	Name Beth ann Osmiolowobi
Date of Birth Day Year 19	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3611 Campbell St. Inapla, Hendricks, In.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 7 - 9	Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5 - 9
Date of birth verified by: Birth Certificate Dother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? NoVI Yes Ye
List the full names of any dependent children. Hend Charles	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Suttanua Yes
Boshorough, Jr., ambrielle Tynn	Molashy
(a) Full name of applicant's father Millor O Charles Scotorough	1+.0 0 20.0 0
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Atophen J. Thousands (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Thomas	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sorom Schools (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Thylia Cana Butta
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **Conclination**
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Signature of Applicant Agricultural States of Agricultural States of Applicant Agricultural States of Ag	Signature of Applicant X Buth Combanial ask bate 7-8-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	Clerk of Court Date
state of Indiana I swear/affirm that the information given HENDRICKS	State of Indiana) I swear/affirm that the information given Country of HENDRICKS ss:
Signed Sent hanh Antonous .	County of HENDRICKS in this application is true and correct Signed X Beach and Correct On the Alexander Signed X Beach Alexander Signed X
New Address Same	New Address Danie
Subscribed and sworn to before me this 8 th day of HENDRICKS 19 91	Subscribed and sworn to before me this 8th day of HENDRICKS, 19 9/
Connie Francisco Clerk of the HENDRICKS Circuit Court	Corrue France Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of <u>HENDRICKS</u> ss:	County of HENDRICKS ss:
ther ID #	Father ID #
ubscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of , 19 , 19
Clerk	Clert
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the Cle ated 7-8-91, authorizing the marriage of	Kent C. Roseborough
Malosky Beth A. Osmialowski Father Stephen J. Malosky	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-3-91
date), atPlainfield	in Hendricks County, Indiana,
Kent C. Roseborough of Hendricks	
Beth A. Osmialowski of Hendricks Cou	inty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ Father Stephen J. Malosky	HENDRICKS County, Indiana, dated 8-3-91 , Episcopal Priest (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	8-6-91 (date).
S S	ligned Comme Lowson Clerk
	HENDRICKS Circuit Court

343 **HENDRICKS** 7-08-91 Date of Application Female Applicant 50 No 🕱 Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 1970 RR. 1 Box 394 Previous Marital Status: Never Married Annulment Death Divorce Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No D No No Yes Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No D Yes 🔲 No K related to the female applicant closer than second con Yes 🔲 No KI No X Yes 🔲 Yes 🔲 No/Q Yes 🔲 Yes 🔲 (a) Full name of applicant's father Thank anthony Indiana towa ace of mother (State or foreign country) Malana Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given escribed and sworn to be HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, 7-8-91 Michael a. Scolaro , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-20-91Deanna M. Pickel Dr. Andrew P. Crowley (name), certify that on _ (date), at _ Speedway County, Indiana, Marion Indiana Michael A. Scolaro

County _

7-25-91

_ County _

Indiana

Minister

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated _

HENDRICKS

(official designation)

of Hendricks

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

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

Deanna M. Pickel

Signed by: /s/ Andrew P. Crowley

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	7-8-91 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	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last,
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
311 Rain St. Pyd.	- Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 4-2-84
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate DOther (Specify) Sr. Lic.
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Not Yes Yes
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? Nor Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Stephen, Mellan
6. (a) Full name of applicant's father Michael S. Wilson Sr.	6. (a) Full name of applicant's father Old W. Waldach w
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Rayword MS	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Matanea E. Mullan	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Wang & Wilson (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and swore to before me this I swear/affirm that the information given in this application is true and correct. Aday of Ada 1991	State of Indiana County of HENDRICKS Signed Signed
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS 1991 Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 7-8-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County Indiana
and Karen M. King I, Cynthia Maricle Russel	I further certify that the following marriage certificate was filed in my office:
(date), atindianapolis	in Marion County, Indiana.
Vanan M Via	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/s/ Cynthia Maricle Russell Filed and recorded in accordance with the laws of the State of Indiana on	7-30-91 (date). (official designation)

Circuit Court

_ Clerk _Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First . Middle W Last Q Y	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
. Agade (top O elevel putter 46 (1)	6425 Charlinge W Dr. Page
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Quiter (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? 1. If answer is "yes," has the adjudication been removed? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes [1. Ye
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Ves 5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No . Yes . List the full names of any dependent children.
6. (a) Full name of applicant's father Desire E. Mussay	6. (a) Full name of applicant's father Rosey L. Walton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother The Markhay McDax.	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Taulas T. Hayes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country).
Signature of Applicant Lacroics Told Murisity Date 7/9/9/ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Hancus Ida New Address New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed State of Indiana New Address
Subscribed and sworn to before me this day of, 19 \	Subscribed and sworn to before me this day of 19 9 1
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named partie
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana Francis Todd Murray
dated, authorizing the marriage of	Francis Todd Murray
I, Stephen White	I further certify that the following marriage certificate was filed in my office (name), certify that on8-3-91
(date), at	in inelial leks County, Indiana,
Francis Todd Murray of Marion	County Indiana (state), and
Kristene Lynn Walton of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	funty Indiana (state) were married by me as authorize HENDRICKS County Indiana dated 8-3-91
Signed by: /s/ Stephen White	
Filed and recorded in accordance with the laws of the State of Indiana on_	8-22-91. (date).
	Signed Consider of
	Signed Cler HENDRICKS Circuit Cour

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No.

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month War
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State, IN	Residence Address . Street or R.R. City County State
3950 M. 1000 E. Lot 131, Brownshing, Hendricky	1118 Willow Springs Berd, Brownshung, Hendruck
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 621-91	Last Marriage Ended By: Death Divorce Annulment Date 10-1-8-7
Date of birth verified by: Birth Certificate Other (Specify) Drivers dicesse	Date of birth verified by: Sirth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No □ Yes □ 3. Are you now under the influence of an alcoholic beverage? No □ Yes □
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No√ Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jacobs Thomas Cumminos	6. (a) Full name of applicant's father Orland Campbell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Amay Traly	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Scota Grillith
(b) Full maiden name of applicant's mother That That That That That That That That	(b) Full maiden name of applicant's mother.
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant App	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given county of HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS ss: in this application is true and correct.
Signed Thoward of Cymmunes	Signed X Mary & Marsh
New Address 8 1/18 Willow Strong Tolvd Subscribed and sworn to before me this 10 th day of Aug. 19 9)	New Address Subscribed and sworn to before me this 10 th day of the day of th
Comment of Clerk of the HENDRICKS Circuit Court	Connie Jawas Clerk of the HENDRICKS Circuit Court
	CONSENT OF PARENTS PARENT OR CHARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
dated $\frac{7-10-91}{}$, authorizing the marriage of $$	Howard J. Cummings
and Mary E. Marsh	I further certify that the following marriage certificate was filed in my office:
I, Harold D. Simson	
(date), at Brownsburg Howard J. Cummings of Hendricks	in Hendricks
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 7-20-91
Signed by: /s/ Harold D. Simson	7-30-91 (date).
Filed and recorded in accordance with the laws of the State of Indiana on_	7-30-91 (date).
	Signed Comie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 7-10-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated
Name of Physician Dr. Poe A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Owers Owens Date of Birth 1965 reh Salem, Hendeisker Indiana 461 Date 1990 Last Marriage Ended By Death Divorce 🗹 Date 1990 Dother (Specify) Driver of Charse Date of birth verified by: Birth Certificate Date of birth verified by: Birth Certificate Other (Specify) Drivers -icens-e Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 r is "yes," has the adjudication been removed? No . Yes 🗌 Yes 🔲 Are you related to the female applicant closer than second cousin? No 🗹 Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug?

Are you now under the influence of a narcotic drug?

Are you now under the influence of a narcotic drug? No V Yes 🗌 Yes 🗌 Yes 🗌 Yes 🗌 Owens Laramie Laramie Owers James Lee Ococas Charles W. Pyatte Jr. Malina so state) Trodiana
gn country) Porth Carolina Dara Darleye Dale ant's mother Toy Carol Wycoff midena mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiasa Birthplace of mother (State or foreign country) +ndlana **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana e parents of this applicant, hereby give consent for this marriage. If only one parent signs Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued. and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 7-11-91 _, authorizing the marriage of ___Todd Lee Owens and Paula K. Owens
I. Rev. Marvin E. Lane . I further certify that the following marriage certificate was filed in my office: (name), certify that on _ (date), at ___ Brownsburg Hendricks County, Indiana, Todd Lee Owens of Hendricks
of Hendricks Indiana _(state), and _ County _ Paula K. Owens (state) were married by me as authorized nty. Indiana, dated 8-3-91 County_ Indiana under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated __ Signed by: /s/ Rev. M. E. Lane Minister (official designation)

8-3-91

(date).

HENDRICKS

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Female Applicant 50 No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated
Name of Physician David Had lea A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Date of Birth ndiana Death privers License Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 Yes 🔲 Yes 🔲 Yes 🗌 List the full names of any dependent children. Trysh Holmes, John Ralph Richard Holmes Full name of applicant's father Walter A. Gibson Deceased state) deceasor mildred L. Indiania Indiana ace of mother (State or foreign country) Thousand Birthplace of mother (State or foreign country) New York ACKNOWLEDGMENT ACKNOWLEDGMENT have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above State of Indiana 392 Plainfield Ind. 46168

day of HENDRICKS Circuit Court Subscribed and sworn to before me this Subscribed and sworn (o)b CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
dated 7-10-91

Ralph E. Holmes HENDRICKS _ County, Indiana, , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 7-13-91Carol Marie Samuels I, Rev. James D. Clayton _ (name), certify that on __ Hendricks County, Indiana, (date), at Plainfield County __ Indiana of Hendricks _(state), and _ Ralph E. Holmes _ County _ Indiana Carol Marie Samuels of Hendricks (state) were married by me as authorized County, Indiana, dated 7-13-91 under a marriage license that was issued by the Clerk of the Circuit Court of _ (official designation) Pastor Signed by: /s/ Rev. James D. Clayton

7-30-91

HENDRICKS

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 7-9-91 Name of Physician The Records MD
IC 31-7-3 commits a Class D felony.	
MALE ARRIVANT	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Date of Birth Name Marke allen Jent Year 6 5	Date of Birth (State or foreign country) 1 Place of Birth (State or foreign country) 1
Place of Birth (State or foreign county) Residence Address Street or R.R. Street or R.R. Street or R.R. Street or R.R. County State New years County State	Residence Address Street or R.R. St. City Placenfield In
Previous Marital Status: Never Married ON No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Privorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drules Ties	Date of birth verified by: Birth Certificate Gother (Specify) Drukes Lice
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No. Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
A. O.	
6. (a) Full name of applicant's father Naman Glen Jent	6. (a) Full name of applicant's father Charles Funklin Reck
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Therefore, m.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Myla Hune Chambe
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Placafield, In.	Residence of mother (if deceased, so state) Plumpfield
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Mark a, Jun Date 7-10-91	Signature of Applicant Sancere & Eccles Date 7-10-
	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Mark 1. See and correct.	State of Indiana County of HENDRICKS Signed Farure B. Coules I swear/affirm that the information given in this application is true and correct.
New Address	New Address 1145 N. Henry Or. Undpls 46234
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Ctate of Indiana	State of Indiana)
State of Indiana) County of HENDRICKS ss:	County of HENDRICKS
FatherID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19Clerk
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
Countyauthori:	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
and filed in, aution	les and directs the issuance of a marriage notice to the above married parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of	Tlerk of the Circuit Court of HENDRICKS County, Indiana, Mark Allen Jent
and Janiene Beth Eccles	I further certify that the following marriage certificate was filed in my office:
I, Rev. John C. Parsley	(name), certify that on 8-2-91
(date), at Plainfield	in Hednricks County, Indiana,
Mark Allen Jent of Hednricks	County Indiana (state), and
Janiene Beth Eccles of Hendricks C	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 7-10-91 Baptist Pastor (official designation)
Signed by: /s/ Rev. John C. Parsley Filed and recorded in accordance with the laws of the State of Indiana on_	, Baptist rastor (official designation)
Thea and recorded in accordance with the laws of the state of matana on_	
	Signed Connie Franson Clerk
	HENDRICKS Circuit Court

4425

Previous Marital Status:

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 10 -91 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗵 Female Applicant 50 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Soloht K. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Place of Birth (State or foreign co San Never Married OR No. of Previous Marriages Death 🗌 Annulment Divorce D Other (Specify) Date of birth verified by: Birth Certificate Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗆 Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Theodore Birkla InDiana of mother (if deceased, so state). ce of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court I swear/affirm that the information given We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of David Theodore Birkla dated _____7-10-91 ___, authorizing the marriage of ___ _ . I further certify that the following marriage certificate was filed in my office: Sherry Ann Winkle and __ 7-13-91 I, Basil L. Shumaker __ (name), certify that on ___ _____in___ Hendricks (date), at 4425 Dan Jones Road _ County, Indiana,_ _ County _ Indiana David Theodore Birkla of Hendricks County Indian Sherry Ann Winkle of Marion County Indiana _(state), and _ under a marriage license that was issued by the Clerk of the Circuit Court of ___ Minister Signed by: /s/ Basil L. Shumaker (official designation) 7-16-91 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

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

Lawson

Court, by written order issued ___

Circuit Court

acknowledgment because of religious beliefs.

CONSENT OF PARENTS, PARENT, OR GUARDIAN

HENDRICKS

Clerk of Court

State of Indiana

351

Date of Application

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated 7-3-91 Name of Physician Dr. Bhilip Batista, MD.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Day Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 5240 Winterburg Circle OR No. of Previous Marriages	Name First Middle Last
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Excense	Date of birth verified by: Girth Certificate Other (Specify) Oirth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 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 for a father (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Sovert See Wagner (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 Thank and the state of mother (If deceased, so state). Birthplace of mother (If deceased, so state). Birthplace of mother (State or foreign country).
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed HENDRICKS New Address 1 day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this 11th day of HENDRICKS Clerk of the HENDRICKS Circuit County Circuit County Connection of the HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana) County of HENDRICKS) SS: Father
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated	rk of the Circuit Court of HENDRICKS County, Indiana, Christopher N. Baker
I, Steve L. Kent	(name), certify that on 7-27-91 in Hendricks
Christopher N. Baker of Hendricks Julie Kathleen Wagner of Hendricks Cou	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/Steve L. Kent	HENDRICKS County, Indiana, dated 7=27-91 , Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana onS	Signed (date). Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

352

7 - 11 - 91
Date of Application

MALE APPLICANT	FEMALE APPLICANT
e First (Middle Last	Name First Middle Last
Derry Lee Genge	Date of Birth Stace Mooth Date of Birth
of Birth Month Day Year O	3 21 71
e of Birth (State or foreign country)	Place of Birth (State or foreign country) Indiana
dence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
471 E. Foundhig Line RO. Q edfel, Hindricks, N	Previous Marital Status: Never Married OR No. of Previous Marriages
ous Marital Status: Never Married OR No. of Previous Marriages	
Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date ☐ ☐ ☐	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify) Druvers Tycense	Date of birth verified by: Derth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes No
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No Yes □
Are you now under the influence of an alcoholic beverage? No S Yes Are you now under the influence of an alcoholic beverage? No S Yes Yes Yes	Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No S Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father of red Junior Expanse	6. (a) Full name of applicant's father Darol Mackie Murra
(a) Full name of applicant's father the first adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Coop
(b) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) The state of mother (if deceased) and the state of the state	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Orlagges	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired).
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
mune deficiency syndrome). gnature of Applicant Date 07/191	Signature of Applicant Staces T. Menday Date 7-11-
7-0-0	
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs.
knowledgment because of religious beliefs. erk of Court Date	Clerk of Court Date
ate of Indiana //) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
ounty of HENDRICKS 95: in this application is true and correct.	County of HENDRICKS in this application is true and corre
Signed	Signed Astacles d. Include
New Address Same	New Address Subscribed and sworp, to before me this 11 th day of July 19 91
becribed and sworn to before me this day of HENDRICKS . 19 Circuit Court	Comme Sources Clerk of the HENDRICKS Circuit Co
DNSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
tte facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) HENDRICKS ss:
ounty of HENDRICKS	County of
therID #	FatherID #
other ID #	Subscribed and sworn to before me this day of, 19
Clerk	C
	A marriage license having been refused to the above named parties, t
and filed in, authori	Court, by written order issued zes and directs the issuance of a marriage license to the above named partic
RETURN OF MARRIAGE LICEN certify that there was filed in my office a marriage license issued by the C	SE AND MARRIAGE CERTIFICATE The county of HENDRICKS County, Indiana
lated 7-11-91 , authorizing the marriage of _	Terry Lee Benge
	I further certify that the following marriage certificate was filed in my office
, John H. Porter	(name), certify that on August 3rd, 1991 johnson County, Indiana,
date), atBargersville Terry Lee Benge of Hendricks	inCounty, Indiana,
Terry Lee Benge	
Stacey Lynn Murray of Hendricks Cunder a marriage license that was issued by the Clerk of the Circuit Court of	Outry (State) were married by the 13 01

Steven Reeves

Signed by: /s/ Steven T. Reeves

Kelly B. Rivers

Sarah E. Cooper

(date), at Brownsburg Christian Church

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

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

_ of Marion

of Hendricks

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No TE Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ trento H. Mad IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Place of Birth (State or foreign country) Place of Birth (State or foreign country Never Married OR No. of Previous Marriages OR No. of Previous Marriages Divorce Annulment Last Marriage Ended By Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No 🗵 Yes 🔲 No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗌 Yes 🔲 No 🗆 Yes 🔲 is "yes," has the adjudication been removed? related to the male applicant closer than second cousin? No 🛛 Yes 🗌 No 🗵 Yes 🗌 No D Yes 🔲 No 🛛 Yes 🗌 Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No 🔼 Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Builton of mother (if deceased, so state). Birthplace of mother (State or foreign country)_ ce of mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Date Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS New Address 7914 RICHEGATE W. DR. INDRES. IN 4626 day of July COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, ___, authorizing the marriage of __Kelly B. Rivers 7-12-91 and _ Sarah E. Cooper _ . I further certify that the following marriage certificate was filed in my office:

7-20-91

HENDRICKS

(date).

_ County, Indiana,

_(state), and _

(official designation)

County, Indiana, dated _

(state) were married by me as authorized

Clerk

Circuit Court

_ (name), certify that on ___

Hendricks

Indiana

Pastor

County Indiana

County ___

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

354

Dawson

Circuit Court

HENDRICKS

15.51 No D IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth Date of Birth TN Street or R.R. Never Married Never Married OR No. of Previous Marriages Date 1-28.91 Annulment Divorce D Annulment Last Marriage Ended By Death Divorce D Death Birth Certificate Other (Specify) Birth Certificate Other (Specify) No D Yes 🗌 No M Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? er is "yes," has the adjudication been removed? No 🗆 Yes 🔲 No 🗌 Yes 🗌 No 🗸 Yes 🗌 you related to the male applicant closer than second cousin? No. Yes 🗌 No 🖾 Yes 🗌 No 🔯 Yes 🗌 No D Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🔲 seat (soci) Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS Signed . Subscribed and sworn to before HENDRICKS Circuit Court We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, arents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _, authorizing the marriage of __ David Owen Boes and Catherine
John P. Roof _ . I further certify that the following marriage certificate was filed in my office: Catherine June Swafford (name), certify that on ___ Hendricks (date), at _ Danville __ County, Indiana,_ of_ Marion David Owen Boes Indiana County _ __(state), and _ _ County_Indiana Catherine June Swafford of Hendricks _ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of ___ _County, Indiana, dated __7-27-91 Signed by: /s/ John P. Roof Filed and recorded in accordance with the laws of the State of Indiana on

Signed_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

File .

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 6-11-91 Name of Physician Juna they Feerey, MD.
MALE APPLICANT	FEMALE APPLICANT
Name O First Middle S Last	Name First Middle Last
Date of Birth Month Day Vear	Date of Birth Hartman
Date of Birth Ownorth D bay 0 rear 0	Date of circh 9 7 71
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
B. G. 1 Box 61K Pittslura, In. (Wendricha)	201 Penter St. north Salem, Hendrichs, In
Previous Marital Status: Never Married Ch. OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drivers License	Date of birth verified by: Birth Certificate (Specify)
- Sures oxcerse	A Divers oficense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Derale K, Cooper	6. (a) Full name of applicant's father Steven Leman Hartman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state).
Birthplace of father (State or foreign country) W. Virospia	Birthplace of father (State or foreign country) Selenous
(b) Full maiden name of applicant's mother Sharon E. Hung	(b) Full maiden name of applicant's mother Boulogo for France
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Malana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Date	Signature of Applicant X 150 Kay Harman Date 7-12-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 2th day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 12th day of HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information giver in this application is true and correct day of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of	County or
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHT	
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-12-91, authorizing the marriage of	Christopher J. Cooper
and Lisa K. Hartman	I further certify that the following marriage certificate was filed in my office.
I, Larry L. Bellville	(name), certify that on
(date), at Brownsburg	in Hendricks County, Indiana,
Christopher J. Cooper of Hendricks	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Larry L. Bellville	Minimum
	7, 17 01
Filed and recorded in accordance with the laws of the State of Indiana on_	7-17-91 (date).
	a Committee
	Signed Orme Dawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

HEND	RICKS County File
	7-12-91 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 X Yes If No, Medical Examination or Report Dated 3-22-91 Name of Physician Dr. Jon Fisch, MD
MALE APPLICANT	EEMALE ADDITIONAL
Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Date of Birth Month Year Bledsoe	Date of Birth Month Day Year
Place of Birth (State or foreign country)	5 18 48
Vuoma	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State R.R. 1 Box 304 Clauton, Hendriches, Indian	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7 - 90	Last Marriage Ended By: Death Divorce Annulment Date \$8'
Date of birth verified by: Birth Certificate Hother (Specify) Drivers Excepse	Date of birth verified by: Birth Certificate DOther (Specify) Dr.Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of an arcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (Gate or foreign country) ACKNOWLEDGMENT 1 acknowledge that 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given County of HENDRICKS Signed Listate of Indiana County of HENDRICKS Signed Listate of Indiana County of HENDRICKS Signed Listate of Indiana County of HENDRICKS	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (state or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed **WWARA** Little** Signed **WWARA** Little** Signed **WWARA** Little** I swear/affirm that the information given in this application is true and correct.
New Address Subscribed and sworn to before me this 24 day of HENDRICKS HENDRICKS	New Address Subscribed and sworn to before me this 2th day of July 19 91
Connie hawsen Clerk of the HENDRICKS Circuit Court	Connue Sauson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS S5: Father ID #	County of HENDRICKS ss:
Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med iii, authorize	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the Cledated 7-12-91	rk of the Circuit Court of HENDRICKS County, Indiana,
, damorting the marriage of	. I further certify that the following marriage certificate was filed in my office:
(, Rev. James D. Clayton (date), at Indianapolis	(name), certify that on7-14-91
(date), at Indianapolis	in Marion County, Indiana,
Vivian Loretta Stout of Hendricks Cou	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	nty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 7-14-91
Signed by: /s/ Rev. James D. Clayton	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-30-91 (date).
	igned Connie Lawson Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

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STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	DRICKS County File
	7 - 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 7-12-91 Name of Physician A. M. Report Dated Hook, M.D.
THE RESIDENCE OF THE PARTY OF T	
MALE APPLICANT	FEMALE APPLICANT
Middle Stale	Name First Middle Clast Pintle
Date of Birth Month Day Year 72	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 233 S. Byral J. Dugla, Marian, An.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	The state of the s
~	
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? Not Yes □	Are you now or have you ever been adjudged to be of unsound mind? Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No S Yes □ 3. Are you now under the influence of an alcoholic beverage? No S Yes □	2. Are you related to the male applicant closer than second cousin?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stephena, Stable, Sr.	6. (a) Full name of applicant's father Thorris See Pirtle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Alana Real Peace	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother The Ducille faushe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Mark Doll Date 7/12/9/	Signature of Applicant X My G Date 1/12/
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: fin this application is true and correct.	County of HENDRICKS ss: \(\) in this application is true and correct.
Signed New Address	Signed X CUNY No. 1 CULL
Subscribed and sworn to before me this 12th day of 19 91	Subscribed and sworn to before me this law day of Subscribed and sworn to before me this
Conne Transan Clerk of the HENDRICKS O Circuit Court	Connie Gardon Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS SS:	State of Indiana County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	Clerk
County County	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County Indiana
lated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Mark Anthony Stahl
and Amy Kathryn Pirtle	. I further certify that the following marriage certificate was filed in my office:
(date), at Danville	(name), certify that on 7-19-91
Mark Anthony Stahl of Marion	County Indiana (state), and
Amy Kathryn Pirtle of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Cynthia J. Spence	
Filed and recorded in accordance with the laws of the State of Indiana on	7-19-91 (date).
Section 1 to the Control of the Cont	signed Connie Laurson Clerk
OCYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

358

	7 - 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 A Yes If No, Medical Examination or Report Dated Name of Physician An . Que Kerlin, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Charles The Buale Date of Birth Month 3 14 G9	Name First Middle Start Date of Birth Month G G G G G G G G G G G G G
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) Residence Address Street or R.R. City, County State
930 Sunget Dr., Danville, Henoricle, Fr. Previous Marital Status: Never Married OR No. of Previous Marriages	27.5 9). Wayne St. Danville, Herarids, In Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Provers Successe	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Sycense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Sussell Tent Thanh (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana County of HENDRICKS Signed Condition County of Menders Signed Condition County of Menders Subscribed and sworn to before me this 15th day of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS	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 15% day of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID #	State of Indiana) County of HENDRICKS) Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Werk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-15-91, authorizing the marriage of and Tammy Jean Leach	I further certify that the following marriage certificate was filed in my office:
I, Rev. Ronald E. McDugle (date), at Danville	I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-20-91 Hendricks
Jonathan Charles McDugle Hendricks	in
Signed by: /s/ Rev. Ronald E. McDugle Filed and recorded in accordance with the laws of the State of Indiana on_	7-24-91 (date). (official designation)
	Signed Comie Lawren Clerk HENDRICKS Circuit Court
	Circuit Court

	No. 359
<u>HEND</u>	County Tile
	7-15-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 🗡 Yes 🗆
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Name of Physician Dr. Eric Cool, M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Winson Wooden Year	Date of Birth Claydia Sean Kern
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address, Street or F.R. City County State
604 Fronwood, Plainfield, Hendrichs, Id	330 Lincoln St. Danville, Hendrichs, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1-17-8-1	Last Marriage Ended By: Death Divorce Annulment Date 9 9 9
Date of birth verified by: Birth Certificate Souther (Specify) Druvers July	Date of birth verified by: Birth Certificate Other (Specify) Drivers Science
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes □ 3. Are you now under the influence of an alcoholic beverage? No Yes □	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Saude Wooden	6. (a) Full name of applicant's father Herman Estel Wale
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Oraginia Higgs bothem	(b) Full maiden name of applicant's mother Wellen Source Ellerns
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) W. Vinginia	Birthplace of mother (State or foreign country).
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-15-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Level Months application is true and correct.	County of HENDRICKS ss: in this application is true and correct. Signed X Claudia X M
New Address Subscribed and sworn to before me this 15th day of 19 91	New Address Subscribed and sworn to before me this
Coppie Source Clerk of the HENDRICKS Circuit Court	Connie Sautem Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana)
County of HEVENICAS) Father ID #	County of HENDRICKS ss:
MotherID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated 7-15-91, authorizing the marriage of	David Winson Wooden
and Claudia Jean Kern John P. Roof	I further certify that the following marriage certificate was filed in my office: (name), certify that on $\frac{8-3-91}{}$
(date), at Danville	in Hendricks County, Indiana,
David Winson Wooden of Hendricks	County Indiana (state), and
Claudia Jean Kern of Hendricks Couunder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-3-91
Signed by: /s/ John P. Roof	, Episcopal Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-5-91 (date).

Signed Comie

Sams on HENDRICKS

____ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth State or foreign country Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) No Yes	Previous Marital Status: Never Married AGR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? 2. Are you row under the influence of an alcoholic beverage? 3. Are you now under the influence of a narcotic drug? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
Birthplace of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Manue Marie Bourse (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sides for the virus that causes AIDS (acquired mmune deficiency syndroms)	Birthplace of father (State or foreign country) Full maiden name of applicant's mother Curice Fay Ma (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 syndroman)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given this application is true and correct.	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS I swear/affirm that the information given in this application is true and correct.
Signed A. C. C. C. New Address Subscribed and sworn to before me this L. C. Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed Conserved Country Subscribed and sworn to before me this 15 th day of HENDRICKS Circuit Count Conserved OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana) County of HENDRICKS) ss: Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cladated	Lloyd Fred Scidmore I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-17-91 in Hendricks
Signed by: /s/B. Frank Ciampa Filed and recorded in accordance with the laws of the State of Indiana on	Signed Correction (official designation) HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 361
HEND	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 7-11-91 Name of Physician St. Clark M. C.
MALE APPLICANT	FEMALE APPLICANT
Name That Middle Wells	Name Catherine Kay Van Vess
Date of Birth Month Day Year 18 70	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Street or R.R. City County State Street or R.R. City County IN	Residence Address Street or R.R. City County , State 200 alama, Danville Hendricks, IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: ABirth Certificate Other (Specify) Drivers Sucens	Date of birth verified by: Birth Certificate Spither (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No S Yes 3. Are you now under the influence of an alcoholic beverage? No S Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No X Yes
4. Are you now under the influence of a narcotic drug? Nov Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
3. (a) Full name of applicant's father Maurice Eugene. Wello	6. (a) Full name of applicant's father Exchard Howard Vantes
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) The state of the state
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) England
(b) Full maiden name of applicant's mother Sandrus Joan Metalus	(b) Full maiden name of applicant's mother Sonara Hay Swinney
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Thurana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-15-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 15th day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this 15 th day of HENDRICKS County of HENDRICKS Subscribed and sworn to before me this 15 th day of HENDRICKS Clerk of the HENDRICKS
Clerk of the Manuage S Circuit Court	Comice Toward Clerk of the HENDRICKS O Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
county of HENDRICKS	State of Indiana) County of HENDRICKS ss:
ather ID #	Father ID #
tobscribed and sworn to before me thisday of	MotherID #ID #
day of	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
detectify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Mark Maurice Wells
and <u>Catherine Kay VanNess</u> Stephen Lane	I further certify that the following marriage certificate was filed in my office:
(date), at 7-16-91	(name), certify that on 7-16-91 in Morgan
	County Indiana (state), and

HENDRICKS

(date).

Pastor

7-23-91

Signed_

County, Indiana, dated _

HENDRICKS

(official designation)

Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Stephen Lane

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 15-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. David Haggard IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Same Never Married OR No. of Previous Marriages Never Married Date 1 - 81% Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate No 🗌 Yes 🗌 Yes 🔲 No 🗆 Yes 🔲 No 🗆 Yes 🗌 No 🗌 No 🗌 Yes 🔲 No 🗆 Yes 🔲 No 🗌 Yes 🗌 Yes 🔲 No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. __ Grong William Opobbing Gobert Demarce On Melnaska Deceased Jebraska Indiana Debraska Missouri Birthplace of mother (State or foreign country)_ of mother (State or foreign country)____ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ _ County _____ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 7-15-91, authorizing the marriage of Stephen a. Robbins ____. I further certify that the following marriage certificate was filed in my office:

(name), certify that on 9-7-91 and Roberta L. Bridges I, A. W. Farnsworth IV _ (name), certify that on ___ _in__ Hendricks Danville (date), at _ _ County, Indiana,_ Stephen A. Robbins
Roberta L. Bridges County Indiana
Indiana Hendricks of Hendricks County_ __(state), and __ (state) were married by me as authorized of_ HENDRICKS _County, Indiana, dated ____ Clergy _ (official designation)

9-12-91

Signed _

(date).

____ Clerk _Circuit Court

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

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes 🛛 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT same Never Married OR No. of Previous Marriages Never Married Death Date 10-17-85 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate No K Yes 🗌 Yes 🔲 No 🗆 No 🗆 Yes 🗌 Yes 🔲 No K Yes 🗌 Yes 🔲 Yes 🗌 No K Yes 🗌 Yes 🗌 Yes 🔲 Morie Vaughan, Kirsten Nichole Budolph Balgh Julka Deceased of applicant's mother Mangarite Lors Hull mother Josephine Elizabeth Kerr Indian Minnesota Birthplace of mother (State or foreign country)_ mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court State of Indiana I swear/affirm that the information given CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued ___ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ______, authorizing the marriage of ______Brian W. Vaugh. HENDRICKS Brian W. Vaughan and E. Joan Luft . I further certify that the following marriage certificate was filed in my office: I, Major Jack C. Vaughan 8-24-91 (name), certify that on ____ (date), at Indianapolis _in__Marion _ County, Indiana,_ _ of_ Hendricks _ County __ Indiana Brian W. Vaughan __(state), and __ E. Joan Luft of Hendricks ___ (state) were married by me as authorized .County, Indiana, dated ___ 8 - 2 4 - 9 1 County Indiana

HENDRICKS

(date).

damoon

HENDRICKS

Clerk

Circuit Court

8-28-91

under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated _ Signed by: __/s/ Jack C. Vaughan Major-The Salvation Army (official designation)

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

364

HEND	DRICKS County File
	7 - 16 - 91 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No X Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 7 - 16-91
circuit court when the person applies for a marriage license under	Name of Physician Dr. Wan. Edwards, M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Whatthew Scott Bealen	Carolyn Sue Ooole
Date of Birth Month Day Year 0	Date of Birth Control Day Year 5 7 68
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5124 and Allian age. c. on Aglo, Thomas, IN	10207 W. Stafford Old, onlyle, Hendholes, on.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: ABirth Certificate AOther (Specify) Drivers Ricense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ▶ Yes □	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ✓
3. Are you now under the influence of an alcoholic beverage? No X Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Stillie K, Orenley	6. (a) Full name of applicant's father Hollis M. Poole
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Minero a, Shepher &	(b) Full maiden name of applicant's mother Buth a, Wale
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Puliano
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X Date M 1 Applicant Signature of Applicant Signature Option Signature Opti
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: SS: in this application is true and correct. Signed Si	State of Indiana County of HENDRICKS Signed X COULD Y S: Signed X COU
New Address Subscribed and sworn to before me this	New Address Subscribed and sworn to before me this 16th day of July 19 91
Comme Sanver Clerk of the HENDRICKS Circuit Court	Connue Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	Ctate of Indiana
County of HENDRICKS SS:	State of Indiana) County of HENDRICKS) ss:
Father ID #	FatherID #
MotherID #	MotherID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LIGENSE ISSUED DY CORDE OF COMPLETE	
County	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 7-16-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Matthew Scott Realey
and Carolyn Sue Poole, duinorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Robert Felton Carter	$\frac{1}{2}$ (name), certify that on $\frac{7-19-91}{2}$
(date), at Indianapolis	_ in Marion County, Indiana.
Matthew Scott Realey of Marion	County Indiana (state), and
Matthew Scott Realey of Marion Carolyn Sue Poole of Hendricks Co	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-19-91
Signed by: /s/ Dr. Robert Felton Carter	7-25-91 (designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-25-91 (date).
가는 사람들이 있다. 소 하고	C . P
	Signed And and a to the same

HENDRICKS

_Circuit Court

365

File

HENDRICKS

Clerk

Circuit Court

County

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Signed HENDRICKS Signed HEND		7-17-91 Date of Application
The arm of the property of the	A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated 7-17-91
Court de misse many constituent de la constituen	MALE APPLICANT	FEMALE APPLICANT
Count of the Control of the Control of Contr	Name Kennett Last Middle War in the	
Part of this flower energy energy in the property energy in the prop		
TRADESIS AND THE STATE OF THE STATE STATES AND THE	· a A	Place of Birth (State or foreign country)
Section Control Cont	Indiana	Theore
Presest Martin States Desire Martin States Desire Annument Desire Desire Annument Desire Desire Annument D	1 20 0 0 00 11 0 10 71	
Les temps flower by Dents Devel Avenumin Date Les very conserved by Dents (Security Devel	Previous Marital Status: Never Married OR No. of Previous Marriages	
Date of two-morted by Chem (Security Chem) Chem (Security Chem) Chem) Chem (Security Chem) Chem) Chem (Security Chem) Chem) Chem (Security Chem)		
1. As you now or have you were been adjudged to be of unanced minor? 1. As you need to the famile applicant caser has accord count? 2. As you need to the famile applicant caser has accord count? 3. As you need to the famile applicant caser has accord count? 4. As you now under the reflaces of country. 5. List the full named of applicant same the standard division. 6. (ii) If named a applicant same the standard division. 7. As you now under the full-standard division. 8. (iii) If named a applicant same the standard division. 8. (iii) If named a applicant same the standard division. 8. (iii) If named a applicant same the standard division. 8. (iii) If named a applicant same the standard division. 8. (iii) If named a applicant same the standard division. 9. (iii) If named a applicant same the standard division. 9. (iii) If named a applicant same the standard division. 9. (iii) If named a applicant same the standard division. 9. (iii) If named a applicant same the standard division. 9. (iii) If named a applicant same the standard division. 9. (iii) If named a applicant same the standard division. 10. (iii) If named a applicant same the standard division. 10. (iii) If named a applicant same the standard division. 10. (iii) If named a applicant same the standard division. 10. (iii) If named a applicant same the standard division. 10. (iii) If named a applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the standard division. 10. (iii) If named applicant same the		~ ~ ~
If arrange is "yes," has the adjustance here amount? No Ne Ne pure you may be the femiliar application between the second country? No Ne	Date of birth verified by: Birth Certificate Other (Specify) Drugers Excense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Jucense
If arrange is "yes," has the adjustance here amount? No Ne Ne pure you may be the femiliar application between the second country? No Ne	1. Are you now or have you ever been adjudged to be of unsound mind?	1 Are you now or have you ever been adjudged to be of unequal mind?
2. Any purintesed to the formate applicant closer than second country 3. Any purintesed the followance of an accordic planning? 4. Any purintesed the followance of an accordic planning? 5. Lest the full names of any dependent children. 6. (u) Full name of applicant's tame. 7. Restance of a planning powers only. 8. The state of the full names of any dependent children. 8. (u) Full name of applicant's tame. 8. (u) Full name of applicant's tame. 8. (u) Full name of applicant's tame. 9. Restance of them; (if decease, to state) 8. Restance of anther; (forescaese, to state) 9. Restance of anther; (forescaese, to		
2. As you now under the influence of an inchnotic bewrappy 3. As you now under the influence of an inchnotic bewrappy 4. As you now under the influence of an inchnotic bewrappy 5. List the full names of any dependent children. 6. (a) Full name of any dependent children. 6. (b) Full name of any dependent children. 6. (c) Full name of any dependent children. 8. (d) Full name of applicant's tarbor. 9. Headers of tarbor (if decessed, so state) 1. Bestimes of tarbor (if decessed, so state) 1. Bestimes of tarbor (if decessed, so state) 1. Bestimes of matter (if decessed, so state)		
5. List the full names of any dependent children. 6. (a) Full name of applicant's tame of applicant's tame of applicant's tame of applicant's tame. (i) adopted, les adoptine parette coty) Residence of them (if deceased, so state) (ii) adopted, les adoptine parette coty) Presidence of intelligent or bronger contry. (ii) Adopted, les adoptine parette coty) Presidence of mother (if deceased, so state) (ii) Adopted, les adoptine parette coty) Presidence of mother (if deceased, so state) (ii) Adopted, les adoptine parette coty) Presidence of mother (if deceased, so state) (ii) Adopted, les adoptine parette coty) Presidence of mother (if deceased, so state) (ii) Adopted, les adoptine parette coty) Presidence of mother (if deceased, so state) (ii) Adopted, list adopted in mother country (ii) Adopted, list adopted in mother (ii) deceased, so state) (ii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted, list adopted in mother (iii) deceased, so state) (iii) Adopted in the state so deceased in mother (iii) deceased, so state) (iii) Adopted in the state so deceased list adopted in mother (iii) deceased, so state) (iii) Adopted in the state so deceased list adopted in mother (iii) deceased, so state) (iii		
6. (a) Full name of applicant's lather	4. Are you now under the influence of a narcotic drug? No 🛱 Yes □	4. Are you now under the influence of a narcotic drug? No™ Yes □
It adopted, that adoption parents only) Residence of father (fit deceased, to state) Residence of mother (fit deceased, so state) Residence of mother (fitte or foreign country) Residence of mother (fitt	5. List the full names of any dependent children.	5. List the full names of any dependent children.
It adopted, that adoption parents only) Residence of father (fit deceased, to state) Residence of mother (fit deceased, so state) Residence of mother (fitte or foreign country) Residence of mother (fitt		
It adopted, that adoption parents only) Residence of father (fit deceased, to state) Residence of mother (fit deceased, so state) Residence of mother (fitte or foreign country) Residence of mother (fitt	6. (a) Full name of applicant's father John Kenneth Horrington	6. (a) Full name of applicant's father Gural Edurin South
Residence of father (if deceased, so state) Birthplace of tether (State or foreign country) Residence of mother (State		
(b) Full maken name of applicant's mother Sathucine Control (if adopted, list adoptive parents only). Residence of mother (State or foreign country). ACKNOWLEDGMENT ACKNOW	Residence of father (if deceased, so state)	Residence of father (if deceased, so state) DeceaseQ
Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes ADS (acquired immune deficiency syndrome). Signature of Applicant Applican	Birthplace of father (State or foreign country)	
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Court Date Lewartifirm that the information given in this globband in true and connect. Signed Applicant Lewartifirm that the information given in this globband in true and connect. Signed Applicant and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by cath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Court Date Lewartifirm that the information given in this globband in true and connect. Signed Applicant Lewartifirm that the information given in this globband in true and connect. Courtly of HENDRICKS Signed Applicant Lewartifirm that the information given in this globband and seven to before me this. Lewartifirm that the information given in this globband and seven to before me this. Lewartifirm that the information given in this globband and seven to before me this. Lewartifirm that the information given in this globband and seven to before me this. Lewartifirm that the information given in this globband and seven to before me this. Lewartifirm that the information given in this globband. Clerk of Court of HENDRICKS Signed Applicant Lewartifirm that the information given in the globband giv	(b) Full maiden name of applicant's mother Patricia E. Cooper	(b) Full maiden name of applicant's mother Satricia ann Hunt
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 Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date Courty of HENDRICKS Signed ACKNOWLEDGMENT The above repaired in the set sites by the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date State of indiana Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of neligious beliefs. Clerk of Court Date Signature of Applicant has objected to verifying by oath or affirmation or signature		90:
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of neligious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of neligious beliefs. Clerk of Court MENDRICKS Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of neligious beliefs. Clerk of Court Date Courty of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres County of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of MENDRICKS Signed Mendres County of MENDRICKS Signed Mendres Subscribed and sworn to before me this ITM day of Mendres State of Indiana County of MENDRICKS Signature of Applicant Mendres Signature of Applicant Mendres ITM day of MENDRICKS Signature of Register Mendres ITM day of MENDRIC	90.	30.
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Court Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs. Clerk of Court Date I swear/affirm that the information given beliefs. Clerk of Court Date County of HENDRICKS Signed For Court Court County of HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed For Court He above named parties, the day of HENDRICKS Signed For Court He above named parties, the day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before m		Simplified of motives (State of foleign country)
State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this County of HENDRICKS State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Correct Subscribed and sworn to before me this consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit County CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Consent Of PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed to the above named parties, the County Subscribed and sworn to defore issued	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
County of HENDRICKS Signed Signed Subscribed and sworn to before me this 17 th day of HENDRICKS Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this 17 th day of 18 the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this 17 th day of 18 the parents of the day of 18 the parents of the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: In this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS	Clerk of Court Date	Clerk of Court Date
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of Court, by written order issued	County of HENDRICKS SS: Signed Hennith Lee Horizon New Address Some Subscribed and sworn to before me this 17 th day of July, 19 9 1	County of HENDRICKS ss: in this application is true and correct
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County of Court, by written order issued	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR CHARDIAN
County ofHENDRICKS	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
Mother	HENDRICKS SS:	HENDRICKS SS:
Subscribed and sworn to before me this		Father1D #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the		
County Court, by written order issued		
and filed in, authorizes and directs the issuance of a marriage license to the above named parties.	County	Court, by written order issued
	RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Ch	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	dated, authorizing the marriage of	Kenneth L. Norrington
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-17-91, authorizing the marriage of Kenneth L. Norrington	I the Rev. William P. Handricks	I further certify that the following marriage certificate was filed in my office:
I 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	I, the kev. William F. Hendricks	(name), certify that on August 2nd, 1991
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-17-91, authorizing the marriage of Kenneth L. Norrington and Joyce L. Scott I, the Rev. William P. Hendricks (name), certify that on August 2nd, 1991	Kenneth L. Norrington of Hendricks	County Indiana (state) and
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-17-91, authorizing the marriage of Kenneth L. Norrington and Joyce L. Scott I, the Rev. William P. Hendricks (name), certify that on August 2nd, 1991 (date), at Washington Township - Plainfield in Hendricks County Indiana	Joyce L. Scott of Hendricks Con	unty Indiana (state) were married by me as authorized
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-17-91 , authorizing the marriage of Kenneth L. Norrington and Joyce L. Scott . I further certify that the following marriage certificate was filed in my office. I, the Rev. William P. Hendricks (name), certify that on August 2nd, 1991 (date), at Washington Township - Plainfield in Hendricks County, Indiana, (state), and Joyce L. Scott of Hendricks County Indiana (state) were married by me as authorized.	under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-17-91
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	Signed by: /s/ Rev. William P. Hendricks	,
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	Filed and recorded in accordance with the laws of the State of Indiana on	8-5-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

of IC 31-7-3	No. 366
HEND	County File
	Date of Application
	Female Applicant 50 No Th Yes
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Total Mela ilay
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Dicky Dean Blakley	Name Stella Middle Last ANN Dheeler
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State R.R. B. Street or R.R. City County State Residence Address Street Or R.R. City County State Residence Addres
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married S OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 6-13-91	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) 236667407 Dr. Lie. H	Date of birth verified by: Birth Certificate Dother (Specify) Do. Sec.
TERREN EN E	
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes ✓
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No A Yes
5. List the full names of any dependent children. Laner Miles Blakley Michaele Grace Blakley	5. List the full names of any dependent children. Brande Marie Burne
6. (a) Full name of applicant's father Specific Esaw Blakley	6. (a) Full name of applicant's father Amer Junes Wheeler
(If adopted, list adoptive parents only). Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother bullian law Mila
(b) Full maiden name of applicant's mother World Margaret Teter (If adopted, list adoptive parents only)	(If edopted list adoptive parents only)
Residence of mother (if deceased, so state) Julia Rose Onkouses	Residence of mother (if deceased, so state) Lange La
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-17-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Shula Lulely Date 7-17-2
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	CIOIN OF SOUTH
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Sharla A Wheelig New Address
New Address Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this
Laurie Townson Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana HENDRICKS ss:
County of HENDRICKS) as.	County of HENDRICKS) Father 1D #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
	The state of the s
	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana.
dated 7-17-91, authorizing the marriage of _	NICKY DEAN BLAKLEY
I, CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office (name), certify that on
(date), atDANVILLE	in HENDRICKS County, Indiana,
NICKY DEAN BLAKLEY of HENDRICKS SHEILA ANN WHEELER of HENDRICKS Co	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 7-17-91
Signed by:/s/ CYNTHIA J. SPENCE. Filed and recorded in accordance with the laws of the State of Indiana on	

Co

Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Span Yes I If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Last Taylor	Name First Middle Last
Date of Birth Month Day War 21	Date of Birth Month Day Year 25
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address / Street or R.R., City County State
Dance Marie Calus New Marie Co. No. of Dance Marie Co.	6762 6. US 36 Denville LD
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date 4-23.8
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cher (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
 Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐ 	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No 1 Yes 1	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Christing, A.K. Taylor
6. (a) Full name of applicant's father Edward A. Taylor	6. (a) Full name of applicant's father William Walters
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father WITTAM WAITERS (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Than lotten.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother That J. Edgar	(b) Full maiden name of applicant's mother Wancy t. Hogue
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state). New Costle III	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Signed Signed Court Signed Signed County of HENDRICKS Signed Signed Courted Date I swear/affirm that the information given this application is true and correct.	Immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed I swear/affirm that the information gives in this application is true and correct
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of HENDRICKS ss:
Mother	Father ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana.
dated, authorizing the marriage of	Christopher A. Taylor
I, Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office:
(date), at <u>Danville</u>	_in Hendricks County, Indiana.
Christopher A. Taylor of Hendricks	County Indiana (state), and
Laura E. Hodge of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized
Signed by: /s/ Cynthia J. Spence	1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	DRICKS County File
	County File 7-19-91 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 X Yes ☐ If No, Medical Examination or Report Dated 6-19-91 Name of Physician Dr. Wm. EDwards, MD
MALE APPLICANT	FEMALE APPLICANT
Name Scott Raturals Inhausen Date of Birth Month Day Year	Name Direct Middle Last Prince Lost
11 19 70	Date of Birth Month Day Year
Place of Birth (State or foreign country) 3. Diana	Place of Birth (State or foreign country)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? Note: Yes:	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Clarance Edward Imhausen	6. (a) Full name of applicant's father Donald Chester Love
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) The state of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Junean Torraine Campbell	(b) Full maiden name of applicant's mother Deanna Carol Coffmu
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Providence	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Seall Amhausen Date 7-19-91	Signature of Applicant X Suna Sove Date 7-19-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date 7-19-91	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed Alottomhavan New Address Same	Signed X Juna Forg
Subscribed and sworn to before me this 19 day of HENDRICES . 19 91 Cornie Fourson Clerk of the HENDRICES . Circuit Court	Subscribed and sworn to before me this 19 th day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana)
Father ID #	County of HENDRICKS) Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andGina Rene Love	Scott Patrick Imhausen I further certify that the following marriage certificate was filed in my office:
I, Charles Elston	(name), certify that on8-10-91
(date), at Plainfiled	in Hendricks County, Indiana,
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Charles Elston	HENDRICKS County, Indiana, dated 8-10-91 , Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-13-91 (date).
	Signed Cornie Fourton Clerk

HENDRICKS

_Circuit Court

369

7 - 19-91 Date of Application

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No A Yes □ If No, Medical Examination or Report Dated Name of Physician □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Boller & Onthone Vickory	Name Sealie ann Darden
Date of Birth Month Day Year	Date of Birth Month Day Year 3 13 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address # 8 Street of R.R. City County State 507 S. 4 th Let. Acros Haule View Indiana	Residence Address Street or R.R. City County State 508 Oppolesses Dr. Danville Hendricks In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father Sydney Deorge VisberTI	6. (a) Full name of applicant's father Thora Leglie Dorden
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jeanne Roberts Woodsum	(b) Full maiden name of applicant's mother Derry See Jaylor
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **Todage**, **T	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Solution Victors Date 7/19191 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Signed Some Some Subscribed and sworn to before me this 19 4 day of	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 19th day of HENDRICKS Clerk of the HENDRICKS Circuit Court
Commise Source Clerk of the HENDRICKS Circuit Court	Connie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS SS:	State of Indiana) County of HENDRICKS) SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 7-19-91, authorizing the marriage of	- D - L
and Leslie A. Dardeen	. I further certify that the following marriage certificate was filed in my office:
I, Michael L. Dardeen (date), at Northview Christian Church Robert A. Vickers of Plymouth	(name), certify that on 8-3-91 in Hendricks County, Indiana,
	County (State), and
Leslie A. Dardeen of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Michael 1. Dardeen	Lay-Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-5-91 (date).
	6
	Signed Come Faure Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 370
	County File 7-19-91 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated Name of Physician Services
MALE APPLICANT	FEMALE APPLICANT
Name Donald andrew albins	Name Kellen ann Reid
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married & OH No. of Previous Marriages Street or R.R. City County State Provious Marital Status: Never Married & OH No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Souther (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug? No No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Osex Dacue adbins	6. (a) Full name of applicant's father Kenneth Brandoll Reid
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Spara	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Batturia and Jurgin	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sorah Kochlun Hos
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) The Diana Birthplace of mother (State or foreign country) The Diana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-991	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-19-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss:
New Address Same	Signed Ally ANA Melox New Address
Subscribed and sworn to before me this 9th day of 91	Subscribed and sworn to before me this 19th day of HENDRICKS Circuit Court
Connie Travesn Clerk of the HENDRICKS Circuit Court	Connue Trawson Clerk of the HENDRICKS O Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
The state of the s	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS Ss:	State of Indiana) Countries HENDRICKS SS:
Father ID #	County of TETERON ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Clei	rk 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:
2.30 pm Indiananolic	(name), certify that on
Donald Andrew Adking Marion	_ in County, Indiana, County Indiana (state), and
Kelly Ann Reid of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ William Rash	Minister County, Indiana, dated 8-10-91
Filed and recorded in accordance with the laws of the State of Indiana on	

____ Clerk _Circuit Court

(date), at_

Michael R. Biddle

Signed by: /s/ David Berthold

of Morganicks Morgan

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Donald Cooking circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Biddl Place of Birth (State or foreign cour Previous Marital Status: Never Married OR No. of Previous Marriages Never Married Previous Marital Status: Divorce Death Last Marriage Ended By: Death Divorce Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) Yes 🔲 Yes 🗌 No 🔽 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No 🗆 Yes 🔲 r is "ves." has the adjudication been removed? No Do No 🖾 Yes 🔲 Yes 🔲 you related to the female applicant closer than second cousing you related to the male applicant closer than second cousin No 🔼 Yes 🔲 No 🖾 Yes 🔲 Are you now under the influence of an alcoholic beverage? No 🗸 No 📮 Yes 🗌 Yes 🗌 of mother (if deceased, so state)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court _ State of Indiana State of Indiana HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ ., authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of __Michael R. Biddle HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 8-10-91and Antoinetter M. Vetch (name), certify that on Marion David Berthold Indianapolis

County, Indiana,

County, Indiana, dated _

HENDRICKS

_(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County __Indiana

8-13-91

Indiana

HENDRICKS

Minister

372

Circuit Court

HENDI	
	7-22-9\ Date of Application
person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 6-27-91 Name of Physician Dr. Shulig Batista, MD
MALE APPLICANT	FEMALE APPLICANT
ne Wist Middle Burcell	Name First Middle Schutte
of Birth Month Day Year	Date of Birth Month Day Year
te of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
334 Shood creek on Brownshing, Hendricha, IN	6466 Whitehaver BD, agt. 807, In Dels, Marion, a
ious Marital Status: Never Married N. OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No Yes □
Are you now under the influence of an alcoholic beverage? Note Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	The second secon
(a) Full name of applicant's father William Richard Durcell	6. (a) Full name of applicant's father William Saurence Scho
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sharray	(b) Full maiden name of applicant's mother Torma Jan Dill
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Shiphace of months (class of story)
gnature of Applicant X. Wulliam Purcle Date 7-22-91 ne above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Park of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
bunty of HENDRICKS SS: in this application is true and correct. Signed William Purcell	County of HENDRICKS ss: in this application is true and corre
New Address Same day of help 19 9 1 HENDRICKS Circuit Court	Subscribed and sworn to before me this 22 nd day of HENDRICKS . 19 9 Circuit Co
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
ounty of ID #	FatherID #
other ID #	Mother1D #
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19CI
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t
Countyauthori	Court, by written order issued zes and directs the issuance of a marriage license to the above named partie
	SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana
certify that there was filed in my office a marriage license issued by the C lated $\frac{7-22-91}{}$, authorizing the marriage of ${}$	William Lee Purcell
lated, authorizing the marriage of, authorizing the marriage of, and, authorizing the marriage of, and, authorizing the marriage of, and, and, and, and, and, and, and, and	I further certify that the following marriage certificate was filed in my office
, Steven T. Reeves	(name), certify that on
date), at Brownsburg	in_Hendricks County, Indiana,
William Lee Purcell of Hendricks Cathy Jo Schutte of Marion C	County Indiana (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 7-22-91
Signed by: /s/ Steven T. Reeves	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	7-30-91 (date).
	Signed Connie Lauroon Cle
	Signed Cle HENDRICKS Circuit Cou

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Imothy Michael, MD
MALE APPLICANT	FEMALE APPLICANT
jame First Middle Last	Name First Middle Last
ate of Birth Mook Day Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) 5 68
saidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
272 Live Oak Some, West Thester, Chester, PA.	11116 W. Oseever & D. Dropes, Hendrichs, Ir
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Hourand C. Plansen	6. (a) Full name of applicant's father Especial Claration anderse
(If adopted, list adoptive parents only). Residence of father (if deceased, so state).	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Tharianne Wittor	(b) Full maiden name of applicant's mother Deris &m Brown
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
mmune deficiency syndrome) - 0	immuna deficiency syndromed /. *
Signature of Applicant Date 100171	Signature of Applicant X Justa a Chauson Date 7/22
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana I swear/affirm that the information given	State of Indiana) is swear/affirm that the information give
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct Signed X Susset
New Address Same	New Address
subscribed and sworn to before me this 2200 day of HENDRICKS	Subscribed and sworn to before me this 22 m2 day of HENDRICKS
Circuit Court	Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
state of Indiana	State of Indiana)
county of	County of HENDRICKS ss:
ather 1D #	Father ID #
totherID #	MotherID #
Clerk	Subscribed and sworn to before me this
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, th
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cli	
dated 7-22-91 , authorizing the marriage of	
, R.W. Marrs	I further certify that the following marriage certificate was filed in my office (name), certify that on7-27-91
date), at Bloomington	_ in Monroe County, Indiana,
	County Pennsylvania (state), and
Krista A. Anderson of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized (state) were married (state) were m
Signed by:/s/ R.W. Marrs	
Filed and recorded in accordance with the laws of the State of Indiana on_	7-30-91 (date).
	Signed Clerk MENDRICKS Circuit Court

HENDRICKS

File _

_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No No Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Helen M. tombreach
MALE APPLICANT	FEMALE APPLICANT
	Name First Middle Last
Robert Francis Harhem	Date of Birth Month Day Year
Date of Birth Month Day Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Residence Address Street or R.RCity County State 3333 Falcan Dr. + Appls.	3455 E. Mainst Lot Benulle
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Chore (Specify)	Date of birth verified by: Blirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	21 11 12 10
6. (a) Full name of applicant's father Author W. Marketter	6. (a) Full name of applicant's father John United Thomas
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ludges 100	Hesidence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother
(b) Full maiden name of applicant's mother than the there is a state of the state o	
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7/23/G/ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS ss: In this application is true and correct. Signed New Address New Address Subscribed and sworn to before me this A3 day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the Clerk of the Clerk of the I swear/affirm that the information given in this application is true and correct. Address Circuit County Clerk of the Circuit County Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-23-91, authorizing the marriage of	Robert F. Amrhein
and Samantha P. Thomas	I further certify that the following marriage certificate was filed in my office:
/ Jerry L. Williams	(name) certify that on 7-31-91
(date), at Indianapolis	in Marion County, Indiana,
Robert F. Amrhein of Marion	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Jerry L. Williams	HENDRICKS County, Indiana, dated 7-31-91 Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Come Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Month Place of Birth (State or foreign country) Place of Birth (State or foreign country)	Name First Middle Last Date of Birth Day Year Place of Birth (State or foreign country) 7 6 9
Residence Address Street or R.R. City County State SO 4 Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 15 Addrig Word On No. of Previous Marriages Previous Marital Status: Never Married On No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Drivers Sucanae
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Size hand Cools (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 Bandine Else Yorman (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) W. Vo.
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Same Subscribed and sworn to before me this 23 A day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS) ss: Father	State of Indiana County of HENDRICKS Ss: Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cleded, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
and Karen L. Cook I, Cynthia J. Spence (date), at Danville Leon K. Nevins, II of Hendricks Karen L. Cook of Hendricks	I further certify that the following marriage certificate was filed in my office: (name), certify that on8-16-91in_Hendricks
Karen L. Cook of Hendricks Cou under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	my (state) were married by me as authorized
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	igned Connie Lawson Clerk HENDRICKS Circuit Court

HEND	ORICKS County File 7-33-91
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician A Company Compan
MALE APPLICANT	FEMALE APPLICANT
ne Bryan Chiddle Kattman	Name First Middle Russ
ace of Birth	Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City Country State Country State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Michael Kattman (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Deceased Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) In Birthplace of mother (State or foreign country) In	6. (a) Full name of applicant's father PRO RUSO (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
see of Indiana unity of HENDRICKS Signed Signed Advisor in this application is true and correct. New Address bscribed and swon to before me this Advisor the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and swern to before me this County of HENDRICKS Subscribed and swern to before me this County of HENDRICKS Subscribed and swern to before me this Circuit Court
onsent of Parents, Parent, Or Guardian the parents of this applicant, hereby give consent for this marriage. If only one parent signs, te facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
the of Indiana) ss: unty of HENDRICKS) ss: ther	State of Indiana) ss: County of HENDRICKS) ss: Father
	A marriage license having been refused to the above named parties, the
nd filed in, authoriz	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
ated 7-23-91 , authorizing the marriage of	Bryan C. Kattman
d Melissa D. Rush Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office: (name), certify that on7-25-91
ate), at Danville	_ in Hendricks County, Indiana,
Bryan C. Kattman of Hendricks Melissa D. Rush of Hendricks Co	County Indiana (state), and ounty Indiana (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of gned by:/s/ Cynthia J. Spence led and recorded in accordance with the laws of the State of Indiana on	f
	Signed Connie Lawson Clerk HENDRICKS Circuit Court

_Circuit Court

____ Clerk _Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 15 Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
James John Rees	Lisa Ellaine Jansen
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
69 Hillaide Our Planes PH	33 general for Blong IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 12.13.89	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Spirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
THE RESERVE OF THE PARTY OF THE	
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic dros? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Edward Faurence Rose	Barrel C C
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father berned a . Quie (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Existen. PA	Residence of father (if deceased, so state). Manual D
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother 1 heres have	(b) Full maiden name of applicant's mother Sharry a. Howell
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(ii adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address New Address Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. IETOS Aday of 19 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS. Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit County I swear/affirm that the information give in this application is true and correct in the c
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS Ss:
Father ID #	Father ID #
MotherID #	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 7-24-91 , authorizing the marriage of	
, dunorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
I, Richard C. Everts	(name), certify that on 7-27-91
(date), at Lizton	_in Hendricks County, Indiana,
	County Pennsylvania (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	istute) were married by me as authorized
Signed by: /s/ Richard C. Everts	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	7-31-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Clark Never Married vious Marital Status: Divorce 🗌 Last Marriage Ended By: Date of birth verified by: Birth Certificate Rother (Specify) Birth Certificate Other (Specify) Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 No 🗆 Yes 🗌 Yes 🔲 related to the male applicant closer than second cousin? Notal Yes 🗌 Yes 🔲 Are you now under the influence of an alcoholic beverage? No B Yes 🔲 Are you now under the influence of a narcotic drug? No The Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father Charles Gredrick nce of mother (if deceased, so state) Woods Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)____ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court laffirm that the information given New Address 9421 70. Delaware & Ind is of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Tolson _ County, Indiana, _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: and _ Elsie Marie Clark (name), certify that on __ I, Mark R. O'Brien Orange County, Indiana, (date), at French Lick of___Marion Indiana Charles Melvin Tolson _(state), and _ _ County _ _ County _ Indiana (state) were married by me as authorized of Hendricks Elsie Marie Clark HENDRICKS County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of Minister (official designation) Signed by: /s/ Mark R. O'Brien Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed

HENDRICKS

Circuit Court

Signed by: /s/ CYNTHIA J. SPENCE

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Date of Application Yes No 3 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 49 13230 W N Never Married OR No. of Previous Marriages Never Married Previous Marital Status: Annulment Last Marriage Ended By: Annulment Divorce D Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Cother (Specify) Birth Certificate Other (Specify) On Luc Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🔯 No Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 If answer is "ves." has the adjudication been removed? No Yes No. Yes 🔲 No ☑ Yes ☐ No 🔯 Yes 🔲 Nota Yes 🗆 No D Yes 🗌 (a) Full name of applicant's father Rodage 8 K3 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT edge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS New Address Subscribed and sworn to before me this HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marrie We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS __ County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ROBERT R. SAMUELS _ , authorizing the marriage of _ 7-25-91 . I further certify that the following marriage certificate was filed in my office:

— (name), certify that on _____7-25-91 ELLEN G. REEVES CYNTHIA J. SPENCE County, Indiana, HENDRICKS (date), at ____DANVILLE _(state), and _ HENDRICKS ROBERT R. SAMUELS (state) were married by me as authorized HENDRICKS ELLEN G. REEVES County_ County, Indiana, dated __ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of ___ (official designation) 1st DEPUTY CLERK

7-25-91

____ (date).

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	Date of Application
erson who knowingly furnishes false information to a clerk of the uit court when the person applies for a marriage license under	Female Applicant 50 No S Yes If No, Medical Examination or Report Dated Name of Physician
31-7-3 commits a Class D felony.	
MALE APPLICA	FEMALE APPLICANT First Middle Last
Robert R. Plane D	DON Prist Mode Reeves
Birth Month Day	n country)
of Birth (State or foreign country)	Street or R.R. City County State
ince Address Street or R.R. Str. Str. Str. Str. Str. Str. Str. Str	O. Rockiele (Cd. O.pt. 9 Judges.
us Marital Status: Never Married OR No. of Previous Mark	Never Married OR No. of Previous Marriages Death Divorce Annulment Date 9 '
tarriage Ended By: Death Divorce D	Birth Certificate Bother (Specify)
f birth verified by: Birth Certificate Other (Specify)	Dill Colling Man Ober 101
Are you now or have you ever been adjudged to be of uns	have you ever been adjudged to be of unsound mind? No Yes Yes No Yes No Yes No Yes
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second	to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	der the influence of an alcoholic beverage? No Yes □ 4
Are you now under the influence of a narcotic drugs. No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. No by Yes List Reuse No by Yes List The support of the full names of any dependent children.
List the full names of any dependent children.	
(a) Full name of applicant's father Rodge D. Samuello	6. (a) Full name of applicant's father Edward Orien Huffle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother had be a face of applicant's mother had be a face of applicant's mother had be a face of a fac	(b) Full maiden name of applicant's mother to a Shalds
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Hazallaged To	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs. Clerk of Court
	State of Indiana) I swear/affirm that the information giv
te of Indiana I swear/affirm that the information given in this application is true and correct. Signed Reverse Rever	County of HENDRICKS ss: in this application is true and corre
New Address	Subscribed and sworn to before me this 25 day of 19 91 Clerk of the HENDRICKS Circuit Co
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, te facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
ite of Indiana)	State of Indiana) ss:
unty of	County of HENDRICKS
ther ID # ther ID #	Mother ID #
bscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of0
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, Court, by written order issued
nd filed in, author	izes and directs the issuance of a marriage license to the above named particles
	ISE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indian
ated, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office
CYNTHIA J. SPENCE	in HENDRICKS County, Indiana,
	in HENDRICKS County, Indiana,
date), at <u>DANVILLE</u>	_ County IN (state), and
ROBERT R. SAMUELS of HENDRICKS ELLEN G. REEVES of HENDRICKS (County IN (state) were married by me as authoriz
ROBERT R. SAMUELS of HENDRICKS	County IN (state) were married by me as authoriz

HENDRICKS

County

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IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Plainfilla Medical Centra
MALE APPLICANT	FEMALE APPLICANT
Name James Herbert Davis	Name Mierry Middle Last Fielder
Date of Birth Day Year 55 24 66	1 certain
Place of Birth (State or foreign country)	
Residence Address p Street or R.R. City County State 4771.	Place of Birth (State or foreign country) **Thicker** **Residence Address** Street or R.R. City County State
2721 Sugar Care Ln. Evansoule, Vanderberg, Indiana	845 Penewood Dr. Cept C., Planfield, Levilicho, Indiana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sther (Specify) Driver's hisease	
And of Orith Vertified by. Birth Certificate Potter (specify) Drugge's Presental	Date of birth verified by: Birth Certificate Gother (Specify) Driver's Ricense
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🔲	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
	5. List the full names of any dependent children.
01.1 0 10	
3. (a) Full name of applicant's father Charles R. Davis	6. (a) Full name of applicant's father Edgar a. Fields
(If adopted, list adoptive parents only) Basidence of father (if deceased so state) PUCLISEA	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country).	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Stannine & Heideleston	(b) Full maiden name of applicant's mother Stander Yenkins
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Prillipsa	Residence of mother (if deceased, so state) — Millions
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant Amary Fulco Date 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 Signed & James H. Dans New Address Some As Altter Subscribed and sworn to before me this 25 day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X Mary Fuldo New Address 2121 Sugar Coal La, Evanville, Indiana 47 Subscribed and sworn to before me this 3 day of 4 19 Coal Lawrence Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PAPENTS PAPENT OF CURRINA
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of <u>HENDRICKS</u> ss:	County of
ather ID #	Father ID #
other ID # ubscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle lated	THE AND MARRIAGE CERTIFICATE OF AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana,
nd, authorizing the marriage of	. I further certify that the following marriage certificate was filed in was 60
Rev. Terence R. McCain, Sr.	. I further certify that the following marriage certificate was filed in my office: (name), certify that on8 - 24 - 91
date), at Plainfield	in Hendricks County Indiana
James Herbert Davis of Vandeburgh	County Indiana (state), and
	Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	Clarguman
gned by: /s/ kev. Terence R. McCain, Sr.	
	Official designation)
iled and recorded in accordance with the laws of the State of Indiana on	

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	7-25-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes If No, Medical Examination or Report Dated 7-24-9 Name of Physician D. Rollin MD.
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name First Middle Last
ate of Birth Month Days Thullen	Date of Birth Month Day Year
ace of Birth (State or foreign country) ~ .	Place of Birth (State or foreign country) 65
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
4901 Oaknole Dr. Frages, Tharian, In.	5009 Fairway Dr. Blanguel Hendrick, In
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married COR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Souther (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father for the process of the control	6. (a) Full name of applicant's father Sulian Sough Frey (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 Managaret Cana Dailey (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Date 7-25-6
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date 7-35-91 The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. I swear/affirm that the information given in this application is true and correct. New Address	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
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nature of Applicant Date 7-35-9/ In above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed HENDRICKS Signed HENDRICKS Signed HENDRICKS Clerk of the HENDRICKS ONSENT OF PARENTS, PARENT, OR GUARDIAN Lee, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atter facts which make the consent of the other parent unnecessary Late of Indiana Applicant Date 1 swear/affirm that the information given in this application is true and correct. Consent of the HENDRICKS Circuit Court 1 swear/affirm that the information given in this application is true and correct. New Address Circuit Court 1 swear/affirm that the information given in this application is true and correct. New Address Circuit Court 1 swear/affirm that the information given in this application is true and correct. New Address Signed HENDRICKS Signed HENDRICKS Circuit Court 1 swear/affirm that the information given in this application is true and correct. New Address Signed HENDRICKS Signed	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 25 the day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this 25 the day of HENDRICKS Subscribed and sworn to before me this 25 the day of HENDRICKS Subscribed and sworn to before me this 25 the day of HENDRICKS Signed Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana
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the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. I swear/affirm that the information given in this application is true and correct. New Address Signed HENDRICKS Signed Clerk of the Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary Late of Indiana OUNSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary Late of Indiana OUNTY OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN We have address ONSENT OF PARENTS, PARENT, OR GUARDIAN ONSENT OF PARENTS, PA	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 25 the day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS State of Indiana County of HENDRICKS Signed Clerk of the Date Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed County of HENDRICKS Signed Consent of Parents, Parent, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed County of HENDRICKS
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nature are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Part of Applica	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
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at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). In above applicant has objected to verifying by oath or affirmation or signature to the above exhausted freeligious beliefs. I swear/affirm that the information given in this application is true and correct. Signed HENDRICKS Signed HENDRICKS Signed Clerk of the HENDRICKS New Address Clerk of the HENDRICKS Circuit Court CIRCUIT Court CIRCUIT Court CONSENT OF PARENTS, PARENT, OR GUARDIAN e. the parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary ate of Indiana The parents of the consent of the other parent unnecessary ate of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary ate of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary ate of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary ate of Indiana The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parents of this applicant, hereby give consent for this marriage. If only one parent signs, are fac	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Subscribed and sworn, to before me this 25 th day of HENDRICKS Subscribed and sworn, to before me this 25 th day of HENDRICKS State of Indiana County of HENDRICKS Feather Count, by written order issued es and directs the issuance of a marriage license to the above named parties, the Count, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Indiana (state), and (state), and (state), and (state), and (state), were married by me as authorized
nature of sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed HENDRICKS Signed HENDRICKS Signed Clerk of the HENDRICKS Signed New Address Clerk of the HENDRICKS Signed New Address Clerk of the HENDRICKS Signed New Address Subscribed and sworn to before me this Set day of HENDRICKS Clerk of the HENDRICKS Signed Subscribed and sworn to before me this Set day of HENDRICKS Signed Set	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn, to before me this 25th day of HENDRICKS Subscribed and sworn, to before me this 25th day of HENDRICKS State of Indiana County of HENDRICKS Feather Gourt, by written order issued es and directs the issuance of a marriage license to the above named parties, the Count, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Indiana (state), and (state), and (state), and (state) were married by me as authorized

HENDRICKS

Circuit Court

382

_Circuit Court

No. _

HENDI	RICKS County File
	7 - 25 - 91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under	Female Applicant 50 No 🕱 Yes 🗆 If No, Medical Examination or Report Dated 7-24-91 Name of Physician 🔍 W. W. Wrulber, M. D.
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
IMALE APPLICANT	Name First Middle Last
Michael David Kinkade te of Birth Day Year 12 17	Date of Birth Date of Birth Day Year 11 Year 13
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) Thichiaan State
sidence Address Street or R.R. City O County State 130 E. Maria Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 7 8 Daymon + Dels, Marian 7 Previous Marital Status: Never Married OR No. of Previous Marriages 3
700 mm otal	Last Marriage Ended By: Death Divorce Annulment Date 8-90
te of birth verified by: Birth Certificate Other (Specify) Drivers Ricense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ricense
	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes N
List the full names of any dependent children.	5. List the full names of any dependent children.
The same of the sa	The second secon
(a) Full name of applicant's father Deorge Kinbade	6. (a) Full name of applicant's father Heavage The Curby
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother I brence tlefford Moth	(b) Full maiden name of applicant's mother Thomas And The Control of the Control
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country) Michigan
Birthplace of mother (State or foreign country)	Distributes of months (class of configuration)
me above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	Signature of Applicant Date 7-25. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
Clerk of Court Date	
State of Indiana County of HENDRICKS Signed Michael Signed Line and correct.	State of Indiana County of HENDRICKS I swear/affirm that the information give in this application is true and correct New Address Same
New Address Subscribed and sworn to before me this 25th day of HENDRICKS , 19 91 Connie Sawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 25th day of HENDRICKS Circuit Council C
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
District Indian Control of the Contr	State of Indiana)
State of Indiana) Security of HENDRICKS ss:	County of HENDRICKS SS:
County of HENDACKS ID #	Father ID #
Mother ID #	Mother 1D #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, author	izes and directs the issuance of a marriage license to the above named partie
DETUDAL OF MADDIAGE LIGHT	NSE AND MARRIAGE CERTIFICATE
and the state of t	Clark of the Circuit Court of HENDRICKS County Indiana
dated 7-25-91 authorizing the marriage of _	Michael D. Kinkade
and Patricia K. Johnson	I further certify that the following marriage certificate was filed in my office
L Cynthia J. Spence	(name), certify that onHendricks
(data) at Danville	in Indiana County, Indiana,
Michael D. Kinkade of Hendricks	_ County Indiana (state), and
	County Indiana (state) were married by me as authorized from the MENDRICKS (county Indiana dated 7-25-91
under a marriage license that was issued by the Clerk of the Circuit Court	of
Signed by: /s/ Cynthia J. Spence	7-25-91 (date).
Filed and recorded in accordance with the laws of the State of Indiana on_	lune).
	Signed Connie Dawson Cle
18 18 18 18 18 18 18 18 18 18 18 18 18 1	Signed Circuit Cou
	Circuit Cour

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🛛 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Quelah a Probinson IC 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT 82000 26999 Never Married Never Married OR No. of Previous Marriage Date 2-91 Divorce 🔀 Divorce Death Death Last Marriage Ended By: Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) No A Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 Are you related to the female applicant closer than second cousin? No 🛛 Yes 🗌 No X Yes 🗌 No No Yes □ No A Yes 🗌 No K No Yes 🗌 (a) Full name of applicant's father_ Deceased Deceased ather (State or foreign country) Sentucks name of applicant's mother Bettie Marie Indiana Deceased Virginia Indiana **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS Same Subscribed and sworn to before me this 25th day of July Connie Trawson Clerk of the HENDRICKS Comie Lawson Clerk of the HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

authorizing the marriage of Dan C. Coe dated _______ Sharon J. Bundy _, authorizing the marriage of ___ . I further certify that the following marriage certificate was filed in my office: I, J. Clifton McLawhoon (?) (name), certify that on _ Hendricks (date), at _____ PI Plainfield

of Hendricks
of Marion

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

HENDRICK
Signed by: /s/ J. Clifton McLawhoon (?)

Minister

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

Sharon J. Bundy

_ County, Indiana,_

_(state), and _

_ (official designation)

Clerk _Circuit Court

County Indiana Indiana

HENDRICKS

(date).

_ County ___

HENDRICKS

County

384

	7-26-91 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 X Yes If No, Medical Examination or Report Dated 7-24-91 Name of Physician Dr. Frank Breen, MD
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign country) Name First Middle Last Anne Day Year 69	Name First Middle Date of Birth Month Day Place of Birth (State or foreign country) Middle Day Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 3820 Jaun Dr. Ggf 28 Dr. Bells, Marian, Dr. Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 4 Pen ave Brownsburg Hendmids Previous Marriages
Date of birth verified by: Death Divorce Annulment Date Date of birth verified by: Date of birth verified by: Date Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Driver Successe
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	6. (a) Full name of applicant's father Culler Sean Monnett (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 Charles Marie Marie Marie (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-26-9/	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-26-91
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworp to before me this.	State of Indiana County of HENDRICKS Signed Signed New Address I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 26th day of HENDRICKS, 19 91 Circuit Court	Subscribed and sworn to before me this 26 th day of the HENDRICKS . 19 9 Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID # Mother ID #	State of Indiana County of HENDRICKS Ss: Father
Mother ID #	MotherID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Clerk
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS
dated 7-26-91 , authorizing the marriage of	I further certify that the following marriage comif-
	Manian
Gregory J. Hagan of Marion	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Joseph F. Schaedel	nty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 7-26-91 Priest (official designation)
s s	igned Connie Lawsen Clerk
OVICE FORMS • SYSTEMS 1-800-382-4702 1477	HENDRICKS Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 6-17-91 Name of Physician 21 Yes 12 April 1997
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last '	Name First Haule Willis
Date of Birth Anoth Day Year 3 0 5 7	Date of Birth Month Doy Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
4644 Cornolius ave, Indges, Marin, In	R. R. Y Box 261K, Clayton, Hendridso, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2-89	Last Marriage Ended By: Death Divorce Annulment Date 11-90
Date of birth verified by: Birth Certificate AOther (Specify) Drivers	Date of birth verified by: Birth Certificate Other (Specify) Drivers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind? Not Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes □	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No ✓ Yes □
3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father James William Davis	6. (a) Full name of applicant's father Donald See Waterman
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Arace Score Smittle	(b) Full maiden name of applicant's mother San Dro Bae White
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 2 6 4 6 day of 4 9 9 9	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) SS:	State of Indiana) County of HENDRICKS) Ss:
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-19-91, authorizing the marriage of	Kyle Eugene Davis
and Janet Gayle Willis I, John P. Roof	I further certify that the following marriage certificate was filed in my office
(date), atDanville	in Hendricks County, Indiana,
Kyle Eugene Davis of Marion	County Indiana (state), and
Janet Gayle Willis of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ John P. Roof	HENDRICKS County, Indiana, dated 8-17-91 Episcopal Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-19-91 (date).
	Signed Comie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated Name of Physician David Hagyard, MO.
MALE APPLICANT	FEMALE APPLICANT
Name A First Middle Last	Name First Middle Last
Date of Birth Day Cryin II	Date of Birth Day Year P
5 63	10 2 63
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State 292 Theolow Dr. Capt. 4 Danville Hendrick
221 9, 6 th Se. Decah Trave, Marrian, On.	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date \$ - 90	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Duples Science
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No/\(\simega\) Yes \(\simega\) 3. Are you now under the influence of an alcoholic beverage? No \(\simega\) Yes \(\simega\)
Are you now under the influence of an arcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children. Sinan Bonglas Tryin.	5. List the full names of any dependent children.
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
7000	N- 00 X : N 1 21
(a) Full name of applicant's father Clyde Ray Ervin	6. (a) Full name of applicant's father Warsel Scith Hull
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Mary Hour Basket	(b) Full maiden name of applicant's mother Vinginia ann mes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nmune deficiency syndrome).	Signature of Applicant Services Leu dug Date 7-26-91
ignature of Applicant Clyff A Date 7-36-91	Signature of Applicant Date 1-26-41
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana Sounty of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed X Parada Res Unit in this application is true and correct. New Address Same Subscribed and sworn to before me this 26 % day of July, 19 9
Connut Jawan Clerk of the HENDRICKS Circuit Court	Conne Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
atherID #	Father ID #
lother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
BETHEN OF MARRIAGE MOENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91
	(name), territy that on
Clyde R. Ervin, II of Marion	County Indiana (state), and
Brenda Lee Huff of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-26-91
Signed by: /s/ H. Thomas Pitcher	,
filed and recorded in accordance with the laws of the State of Indiana on_	9-11-91 (date).
	C. l.
	Signed Owne Down Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 5
person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
ircuit court when the person applies for a marriage license under	Name of Physician Dr. Nee L
C 31-7-3 commits a Class D felony.	THE RESERVE OF THE PARTY OF THE
MALE APPLICANT	FEMALE APPLICANT
David Middle Greeson	Name Janice Middle Adams
tte of Birth Bory (69)	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sideace Address Street or R.R. City County State	Residence Address Street-or R.R. Sith County State
129 n. Kentucky St. Danville Hen.	Residence Address St. P. Street of R. R. State County State Homericks
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Souther (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
Drivers citerise	Date of birth verified by: Birth Certificate Dether (Specify) Drivers License
<u> </u>	
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? Yes
Are you now under the influence of an alcoholic beverage?	
Are you now under the influence of a narcotic drug?	Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
	The state of the s
(a) Full name of applicant's father Floyd Robert Greeson	6. (a) Full name of applicant's father Paul Allen Adams
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state) Deceased	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Righthologo of father (State or favoire country)
(b) Full maiden name of applicant's mother Yelma Jeanne Rec	the (b) Full maiden name of applicant's mother Fluth Louda Rutle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) ZN Birthplace of mother (State or foreign country) ZN	Residence of mother (if deceased, so state)
Bittiplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AIDS (acquired mune deficiency syndrome) The first process of the virus that causes AID	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7-29-91
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome) The property of Applicant Date 7-29-91 The above applicant has objected to verifying by oath or affirmation or signature to the above moveledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date 7-29-91) a above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) The property of Applicant Date 7-29-91 Date 2-29-91 Date 2-29-91 Date 3-29-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) The above applicant has objected to verifying by oath or affirmation or signature to the above moveledgment because of religious beliefs. The of Court Date The swear/affirm that the information given in this application is true and correct.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
the are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Aure County of HENDRICKS Signed S
the are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Particle Adams Date 7-29-91 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 Signed Address 129 N. Kentucky St. Danville In 46122
the are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndreme). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Authority St. Danville In 46122 Subscribed and sworn to before me this Danville In 46122 Subscribed and sworn to before me this Danville In 46122 Subscribed and sworn to before me this Danville In 46122
the are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) The above applicant has objected to verifying by oath or affirmation or signature to the above movine and the court of the court of the above movine degment because of religious beliefs. The of Court of the cause of religious beliefs. The of Indiana of the court of the court of the above in this application is true and correct. Signed of the court of the court of the above in this application is true and correct. Signed of the court of the above of the ab	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Aurie C. Occurred I swear/affirm that the information given in this application is true and correct. Signed New Address Subscribed and sworn to before me this Date 1 syndromy 1 46122
the are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) The above applicant has objected to verifying by oath or affirmation or signature to the above moveledgment because of religious beliefs. The of Court Date The swear/affirm that the information given in this application is true and correct. Signed David Menoperature of the wirus that causes AIDS (acquired mune deficiency syndrome) I swear/affirm that the information given in this application is true and correct. Signed David Menoperature of the Menoperature of the Menoperature of Application is true and correct. Signed David Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct. New Address day of Menoperature of Application is true and correct.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Authority of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN
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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 If No, Medical Examination or Report Dated Name of Physician A person who knowingly furnishes false information to a clerk of the Name of Physician DY. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Gilliam Jr -ordor Danville Death 🔲 Divorce 🔲 Death 🔲 Other (Specify) 1) rivers License Date of birth verified by: Birth Certificate Other (Specify) Drivers License Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🔲 Yes 🔲 ated to the female applicant closer than second cous Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Full name of applicant's father Wayne Eugene Gordon ynthia Lou Trent Birthplace of mother (State or foreign country) I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given New Address 140 N. Gran+St B-burg IN 46112 We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ____ Loyd Gilliam, Jr. _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: Kellie A. Gordan Leonne Clampitt
), at North Salem _ (name), certify that on ___ Hendricks (date), at _ _ County, Indiana,_ County Indiana Loyd Gilliam, Jr. of Hendricks __(state), and __ Kelli Ann Gordan Indiana (state) were married by me as authorized County_ of_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated _ Clerk Treasurer (official designation) Signed by: /s/ Leonne Clampitt 8-6-91 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

HENDRICKS

Circuit Court

HENDRICKS County No 4 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated 6-21-91
Name of Physician Range YU. Strate M. No. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Divorce (2) Annulment Last Marriage Ended By: Death Last Marriage Ended By: Death 🔲 Date of birth verified by: Birth Certificate Other (Specify) Drevers Date of birth verified by: Birth Certificate Other (Specify) No Yes No 4 Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? is "yes," has the adjudication been removed? No Yes No Yes No Yes No Yes No Yes No Yes Ves No Yes Are you related to the female applicant closer than second cousin? related to the male applicant closer than second cousin? (a) Full name of applicant's father Christal Robert Doston Alexander Melvin Jordan ther Doris Clipbeth Becke (if deceased, so state) Indiana mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Sulcano Birthplace of mother (State or foreign country) Recountry **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases risa The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court _ Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, _, authorizing the marriage of _ Lisa Lynn Graves . I further certify that the following marriage certificate was filed in my office: 8-17-91I, _ Myron Barnard _ (name), certify that on _ Marion Indianapolis (date), at _ County, Indiana, County Indiana David Arnold Hooten Hendricks _(state), and _ Lisa Lynn Graves Hendricks (state) were married by me as authorized

County_

Judge

County, Indiana, dated _

(date).

(official designation)

Clerk Circuit Court

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

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

Signed by: /s/ Myron Barnard

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 7-19-91 Name of Physician I Rokey, M. L.
MALE APPLICANT	FEMALE APPLICANT
Name 3 A First SO Middle // Last	Name First Middle Look
Date of Birth Month Day	Clisa Rae Thompson
april 1, 1967	Date of Birth Worth 29 19 70
Place of Birth (State or foreign country) North (eralesia)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 50/0 Crassa Residence Address Street of R.R. Martin and 44-15/	Residence Address Street or R.R. / City County State
Previous Marital Status: Never Marricol OR No. of Previous Marriages	4855 n. 575 E. Brownsburg IN.
	Previous Marital Status: Never Married P OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drwers Lines	Date of birth verified by: Birth Certificate Other (Specify) Lirivers Lucies
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No results a second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of an aicoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
.40//	None
6. (a) Full name of applicant's father William Lloya Garrison	6. (a) Full name of applicant's father Lonnie Orville Thompson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country). Sharaman (b) Full maiden name of applicant's mother Sule Ellen Briedland	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sull Full Dividious (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Shirley May Wright
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Stiens	Birthplace of mother (State or foreign country) Tilliana
ACKNOWLEDGMENT	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Lecture Dhoupson Date 7-29-9/ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed A A A A A A A A A A A A A A A A A A A	Signed & Elisa R Thompson
Subscribed and sworn to before me this 29 th day of HENDERCKS 19 9 Circuit Court	New Address SO10 Crage wild Mantinsville IN 46/51 Subscribed and sworn to before me this 9th day of Leby, 1991 Connect Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19
	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	and of the Circuit Court C
dated 1-29-91 authorizing the marriage of	David Michael Garrison
and _ Elisa Rae Thompson	I further certify that the following marriage anti-
I,Lynn Coleman (date). at Brownsburg	(name), certify that on 8-10-91
date), atblownsbulg	in Hendricks Country L.P.
Elisa Rae Thompson of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 8-10-91
	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-14-91. (date).
	C . 2
	Signed Conne Touson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated 7-15-91 Name of Physician Dr. January No.
MALE APPLICANT	FEMALE APPLICANT
Name Pirat Middle St. Last Date of Birth Day Year 9 5 Place of Birth (State or foreign country)	Name First Middle Frances Date of Birth Place of Birth (State or foreign country) Middle Month Buy Year S 7
Residence Address Street or R.R. City County State 21 & South East 25 th Son. Cage Coral Jee Je. Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State, 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) Divorce Specify	Last Marriage Ended By: Death Divorce Annulment Date 6 - 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? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Shamas Franklin Helliagor (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 only Barren Broberten (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Same New Address Subscribed and sworn to before me this 30 th day of HENDRICKS Clicuit Court	State of Indiana County of HENDRICKS Signed Arances Margaret Heligos New Address Subscribed and sworn to before me this 30 % day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS) ss: Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana County of
County	A marriage license having been refused to the above named parties, the Court, by written order issued
THE RESIDENCE OF THE PARTY OF T	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 7-30-91, authorizing the marriage of	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Paul Robert St. Laurent
and Frances Margaret Hilligoss William R. Clayton	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-3-91
(date), at Plainfield	in County, Indiana,
Frances Margaret Hilligofs Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ William R. Clayton	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-3-91
Filed and recorded in accordance with the laws of the State of Indiana on	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Ves User If No, Medical Examination or Report Dated 7-25-91 Name of Physician Total B. Oldbard, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Kerin allen Steverum D	Name Stages Middle Brotaler
Date of Birth Month Day Year 5 5 67	Date of Birth Menth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 3 12 A able of the Dr. Brannahug Hendrick, IN Previous Marital Status: Never Marriago OR No. of Previous Marriages	Residence Address Street or R.B. City County State G Pel-le Inools In Brownshing Sendruda, I Previous Marital Status: Never Married POR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate A Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Tother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father form of the first state of the	6. (a) Full name of applicant's father Surface (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 Surface (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Signature of Applicant X Lucin Allen Steuewall Date 7-30-91 The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant Solution Date 230 9 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Kluin Alin Structual New Address Same Subscribed and sworn to before me this 30 th day of HENDRICKS Subscribed and sworn to before me this 30 th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X State of M. Rev Later in this application is true and correct in this application is true and correct New Address Subscribed and sworn to before me this 30 th day of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) ss:
Father ID # Mother ID #	FatherID #ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Cle
	A marriage license having been refused to the above named parties, th
and filed in, authoriz	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	KEVIN A. STEUERWALD
and STACEY M. BRATCHER I, DONALD TYLER	 I further certify that the following marriage certificate was filed in my office (name), certify that on8-17-91
(date), atBETHESDA_BAPTIST_CHURCH	in HENDRICKS County, Indiana,
KEVIN A. STELIERWALD of HENDRICKS STACEY M. BRATCHER of HENDRICKS Co	ountyIN(state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ DONALD TYLER Filed and recorded in accordance with the laws of the State of Indiana on	County, Indiana, dated 8-17-91
	Signed Clerk HENDRICKS Circuit Court

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Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 7-26-9/ Name of Physician St. Dangard Samuly Ractice
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last A	Name P First Middle Qut
mark alan Isakreas	Lisa Kny Leinis
Date of Birth Month 2 Day 6 Year 6 9	Date of Birth Month Day Year
Place of Birth (State or foreige country)	Place of Birth (State or foreign country)
Residence Address Street or B.R. City Courty State	Residence Address Strept or R.R. City County State
5825 N 901 E Brainshungen.	Indianapalia, In-
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	- / V D=
Date of birth verified by: Birth Certificate Sther (Specify) Drubles Kee.	Date of birth verified by: Birth Certificate Sther (Specify) Mules Lec.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of apy dependent children.
Nille & seasons amo,	Telecto Isakrias ams.
(a) Sull pages of applicable town Mind and Mark to the	The burner of the former of
(If adopted, list adoptive parents only)	(a) Full name of applicant's father the Eugene Numyre New (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Brownslow, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Patricia Merle Ama	ell (b) Full maiden name of applicant's mother Tittly Jo Karst
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ignature of Applicant Man A. Touchurs Date 7-30-91 the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Date	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed Mark A. Tsahries	Signed Siese X. See S
New Address	New Address
Subscribed and sworn to before me this 30 th day of July , 19 7/ Chance daw spence the HENDRICKS Circuit Court	Subscribed and sworn to before me this 30 day of July 19 1/ Chanic Lawren Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OF CHARMAN	CONSTITUTE PARTIES PARTIES AND
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant hereby give consent for this marriage. If only one parent sizes
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana) State of Indiana) State of Indiana)	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of HENDRICAS	County of
Father ID #	Father 1D # Mother 1D #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IS MARRIAGE LICENSE ISSUED BY ORDER OF COURT	Clerk
Complete if Marriage License issued by Order of Court.	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	derk of the Circuit Court of HENDRICKS County, Indiana,
dated 7-30-9/ , authorizing the marriage of	
Rev. Thomas W. Rakolzy	I further certify that the following marriage certificate was filed in my office: (name) certify that on 8-10-91
(date), at Lakeview Temple	in Marion County, Indiana,
Mark Alan Tsakrios of Hendricks	County Indiana (state), and
Lisa Kay Lewis of Hendricks Co	ounty <u>Indiana</u> (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 7-30-91
Signed by: /s/ Rev. Thomas W. Rakolzy	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-13-91 (date).
	C
	Signed Clerk
	HENDRICKS Circuit Court

HENDRICKS

County

C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⊠ Yes □ If No, Medical Examination or Report Dated 7 - 29 - 9 I
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Name of Physician Slanne Rosenthood
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Centria Hale Buhrmester
Date of Birth Day Year Year	Date of Birth Month Day fear
9 14 60	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	Jepas
1502 S. Fern. St. Danville, Hendricks, In.	Residence Address Street or R.R. City County State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
T H D 00	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Druvers Fylicings
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No SA Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	5. List the full names of any dependent children. Crystal Maile Coffers,
List the full names of any dependent climbren.	Byon Coffey, Lyon a. Coffey
(a) Full name of applicant's father Denn L. Homalous	6. (a) Full name of applicant's father Leave Walter Buther mas
(a) Full name of applicant's father A. IN THE ACT OF TH	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full marker name of applicant's mother Quarter Arange Satter
(b) Full maiden name of applicant's mother Morry Montgomerry	(b) I di maider raine di appreciate mente.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Besidence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (If deceased, so state)
Diffiplace of mother (state of loreign country)	98
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nmune deficiency syndrome). Signature of Applicant Kwilliam Hornaday Date 2-31-71	Signature of Applicant X Circles Bulenesterate 7-31-C
signature of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed X William Hornadary	Signed & andy Dukimester
New Address day of day of Automatical Subscribed and sworn to before me this 31 2t day of Automatical Subscribed and sworn to before me this 31 2t day of Automatical Subscribed and sworn to before me this 31 2t day of Automatical Subscribed and S	New Address Subscribed and sworn to before me this 31 at day of the day of t
Corrue Clerk of the HENDRICKS Circuit Court	Connie Sawson Clerk of the HENDRICKS Circuit Court
CURRENT OF PLOCHET OF CHAPPING	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) HENDRICKS ss:
county of HENDRICKS	County of
ather ID # fother ID #	FatherID #ID #
bubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Co	SE AND MARRIAGE CERTIFICATE When the Circuit Court of HENDRICKS County, Indiana,
lated, authorizing the marriage of	William L. Hornaday
and Cynthia G. Buhrmaster	I further certify that the following marriage certificate was filed in my office:
S.V. Stiles	(name), certify that on 8-2-91 Hendricks County Indiana
date), at Danville William L. Hornaday of Hendricks	_ in
Wordricks	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	f
Signed by: /s/ S.V. Stiles	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-13-91 (date).
	2
	Signed Connie Fawsen Clerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🖄 Yes If No, Medical Examination or Report Dated IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Ciancone circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Bomar 9880 W, 10th Never Married OR No. of Previous Marriages Never Married Previous Marital Status: Annulment Divorce Date Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) ☐ Birth Certificate ☐ Other (Specify) Yes 🗌 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 Yes 🔲 Yes 🔲 No D Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Yes 🗌 Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ and filed in_ ., authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

| dated | 7-31-91 | authorizing the marriage of William Donald Baker HENDRICKS _ County, Indiana, dated _ _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: and Lisa Susanne Bomar 8-9-91 I, James R. Baker (name), certify that on _ County, Indiana, (date), at Lakeview Christian Center - Indianapolins Marion Indiana William D. Baker of Marion County _ _(state), and _ Lisa S. Bomar of Hendricks Indiana (state) were married by me as authorized _ County __

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

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

Signed by: /s/ James R. Baker

County, Indiana, dated _ 8-9-91

Clerk

Circuit Court

(official designation)

trauson

HENDRICKS

Minister

9-16-91

HENDRICKS

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_Circuit Court

No.

MALE APPLICANT	FEMALE APPLICANT
Name First Middle C O O O	Name First Middle Last Young
Date of Birth Month Day Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Gity County State	Residence Address Street or R.R. City County State
407 97, Selvanon St. Freston, Hendricks, In.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death □ Divorce Annulment □ Date 5-15-
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) S, S, Card and
	Hospital I.D. Cano
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes;" has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No N	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes Solution 1. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	Morris, Wathan JJ Morriso.
3. (a) Full name of applicant's father Kenneth L. Of on	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Maryln J. Merdling
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome). Seein M Oom Date 7-31-91	immuno deficiency audicand
Signature of Applicant & Burn Olom Date 7-31-91	Signature of Applicant Surveyor Charles Journey Date 7-31-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: / in this application is true and correct
Signed Lewin M Odom	Signed & exister Can Going
New Address Subscribed and sworn to before me this 3124 day of Subscribed and sworn to before me this 3124 day of Subscribed and sworn to before me this 3124 day of Subscribed and sworn to before me this 3124 day of Subscribed and sworn to be subscribed and sworn	New Address 0
Subscribed and sworn to before me this 31 st day of the HENDRICKS, 19 91 Connie Dawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 31 2+ day of May 19 91 Connie Jawan Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
No, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	The same was selected of the same parent unifocustry
State of Indiana) South of HENDRICKS ss:	State of Indiana) ss:
ather ID #	County or
Aother ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Kevin M Odom
nd Jennifer A. Young	I further certify that the following marriage certificate was filed in my office.
John K. Fletcher	$\underline{\hspace{1cm}}$ (name), certify that on $\underline{\hspace{1cm}}$ $8-2-91$
date), at Lizton	inHendricks County, Indiana,
DEVILLE VUUR AL DEDATIONS	Countyindiana(state), and
	unty Indiana (at-ta)
Jennifer A. Young of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 8-2-91
Jennifer A. Young of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 8-2-91
Jennifer A. Young of Hendricks Co nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 8-2-91
Jennifer A. Young of Hendricks Conder a marriage license that was issued by the Clerk of the Circuit Court of ligned by:/s/ John K. Fletcher Tiled and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County, Indiana, dated 8-2-91 Minister (official designation) 8-9-91 (date).
Jennifer A. Young of Hendricks Co inder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ John K. Fletcher Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County Indiana dated 8-2-91

____ Clerk
_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗵 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician On Coarla , MD IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** ittma Place of Birth (State or foreign country) Place of Birth (State or foreign 891 80 39 Never Married Previous Marital Status: Never Married OR No. of Previous Marris Last Marriage Ended By Death Divorce D Divorce D Date 2 - 89 Death Last Marriage Ended By Date 9 - 84 Date of birth verified by: Birth Certificate Other (Specify) Driver Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No 🔲 Yes 🗌 No.K Yes 🔲 related to the male applicant closer than second cousin? Nolo Yes 🔲 Yes 🔲 No X Yes 🗌 No Brothin Are you now under the influence of a narcotic drug? No X Yes 🔲 List the full names of any dependent children. _ Saral Joshus Joseph Pittnan Den Franklin Indiana maiana InDiana Low Shirley name of applicant's mother Many Helen Pauline Kelley Indiana Juliana Indiana Missouri Birthplace of mother (State or foreign country)_ of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Levy a. Pettra Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court _ I swear/affirm that the information given State of Indiana HENDRICKS in this application is true and correct. Signed A Soctes Jame day of Current, 19 91
HENDRICKS CITE day of Quant, 19 9) Connie Fauson Clerk of the Connie Trawson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent ch make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ___ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Sutherizing the marriage of Jerry A. Pittman HENDRICKS ___ County, Indiana, and Betty A. Rotkin . I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup
(date) at Calvary Chapel (name), certify that on ___ 8-23-91 County, Indiana,_ Jerry A. Pittman of Marion Hendricks County Indiana Indiana _(state), and _ Betty A. Rotkin (state) were married by me as authorized County_ under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Roger L. Stroup HENDRICKS County, Indiana, dated __ Pastor (official designation) 8-26-91 Filed and recorded in accordance with the laws of the State of Indiana on. (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

398

_Circuit Court

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT	FEMALE APPLICANT Name First Middle Model M
MALE APPLICANT Name First	Date of Birth Date of Birth Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Divorce Annulmeral Date of birth verified by: Death Divorce Annulmeral Date of birth verified by: Birth Certificate Other (Specify) The State of Date of birth verified by: If answer is "yes," has the adjudication been removed? Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
Name Date of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages 3 Last Marriage Ended By: Death Divorce Annulment Date 3 - 8 - 8 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3 - 8 - 8 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is 'yes,' has the adjudication been removed? No Yes No	Date of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Divorce Annutment Date 1-8-7 Date of birth verified by: Death Divorce Annutment Date 1-8-7 Date of birth verified by: Birth Certificate Cither (Specity) Divorce Annutment Date 1-8-7 Date of birth verified by: Birth Certificate Cither (Specity) Divorce Annutment No Yes If answer is "yes," has the adjudication been removed? Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (B) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) ACKNOWLEDGMENT
Date of Birth Date	Date of Birth Day Place of Birth (State or foreign country) Day Place of Birth (State or foreign country) Day Previous Marital Status: Never Married OR No. of Previous Marriages Date Divorce Annulment Date 1 - 8 - 7
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 5 9 8	Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City Country State Country Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annutment Date 11-8-7 Date of birth verified by: Birth Certificate Other (Specify) Drivers Dicense 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Variage (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
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 3 Last Marriage Ended By: Death Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specify) Date 3-8-86 Date of birth verified by: Date 3-8-86 Date of birth verified by: Date 3-8-86 No Yes No Yes	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 11-8- Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 11-8- 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Birth full names of any dependent children. 6. (a) Full name of applicant's father Property Status 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 Vergue Hours (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 disease
Previous Marital Status: Never Married OR No. of Previous Marriages 3 Last Marriage Ended By: Death Divorce Annulment Date 3-8-86 Date of birth verified by: Birth Certificate Other (Specity) No Yes If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. So (a) Full name of applicant's father Other (If deceased, so state) Birthplace of father (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mirrune deficiency syndrome).	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 11-8-7 Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Date 11-8-7 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Marriage If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes State He full names of any dependent children. 6. (a) Full name of applicant's father Area Robert Darria (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
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Date of birth verified by: Birth Certificate Other (Specify) Driver Science 1. Are you now or have you ever been adjudged to be of unsound mind? 1. If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Date H. Brownewell (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Billa H. Crone (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome).	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father License of father (If deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother License Darks Country) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
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If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome).	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (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 disease
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Solution: (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome).	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (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 disease
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acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable disease
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Page	immune deficiency syndrome). Signature of Applicant Count Count Date 8 - 1- The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	
Signed HENDRICKS ss: in this application is true and correct.	State of Indiana County of HENDRICKS Signed X Skelling and McGdame I swear/affirm that the information give in this application is true and correct the control of the c
100 700000	New Address
Connie Lawren Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this A day of August . 19 9 Connection Clerk of the HENDRICKS Circuit Cou
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	State of Indiana)
ther the state of	County of HENDRICKS ss:
other 10 #	FatherID #
theoribed and eworn to before me this	MotherID #
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A IN	marriage license having been refused to the above named portion the
nd filed in, authorizes a	and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Clerk	of the Circuit Count of HENDRICKS
d, authorizing the marriage of	ddy W. Brownewell, Sr.
Thelma A. McAdams Jack William Elliot, Jr. atel, at Indianapolis	I further certify that the following marriage certificate was filed in my office: 8-31-91
der a marriage license that was issued by the Clerk of the Circuit Court of	Pastor County, Indiana, dated 8-1-91
led and recorded in accordance with the laws of the State of Indiana on 9	rastor (official design at an)

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STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	ORICKS County File
	8-2-91 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 7-22-91 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Sheppord Winchester Place of Birth (State or foreign country) A 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Name Betty Date of Birth Month Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 6702 S. Street of R.R. City County Hendricks An Previous Marital Status: Never Married OR No. of Previous Marriages	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 191 Date of birth verified by: Birth Certificate Other (Specify) Druves Scense	Last Marriage Ended By: Death Divorce Annulment Date '89 Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Comer Winchester (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Hentucksy	6. (a) Full name of applicant's father Care White (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 8-2-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Market Signed	State of Indiana County of HENDRICKS Signed A Blitty L. Stephenson New Address Subscribed and sworn to before me this 2 Male day of Question 19 9
Connie Town Clerk of the HENDRICKS Circuit Court	Comic Sauven Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) County of HENDRICKS ss:
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana
and Betty L. Stephenson, authorizing the marriage of	David S. Winchester I further certify that the following marriage certificate was filed in my office.
(date), at Belleville Bible Church	(name), certify that on8-24-91inHendricks
	unty Indiana (state) were married by me as authorize
Signed by:/s/ John Parsons Filed and recorded in accordance with the laws of the State of Indiana on	Elder, Pastor (official designation) 8-26-91 (date).

_ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

400

8-01-91 Date of Application

ircuit court when the person applies for a marriage license under	Name of Physician Yosuph Thompson, M.D.
C 31-7-3 commits a Class D felony.	
- MALE APPLICANT	FEMALE APPLICANT
arrie Stewa Kigle Keys	Name Santra Marie Johnson
ate of Birth Month 23 1957	Date of Birth Month Day Year 1958
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R.) City County State	Residence Address Sweet or R.R. City County State 1031 W. 200 S., Janoille Gendricks, Indiana
1031 W. 200 S., Daxville, Gendricke, Indiana	Previous Marital Status: Never Married OR No. of Previous Marriages
revious Marriage Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages Annulment Date 1990	
st Marriage Ended By: Death Divorce Annulment Date 1990	λ. ω.
ate of birth verified by: Birth Certificate Other (Specify) Druce's Tucuse	Date of birth verified by: Birth Certificate Other (Specify) Lives & Kinewal
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes
	List the full names of any dependent children.
List the full names of any dependent children. Christophus Key 10 Com and Key 6	
~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	6. (a) Full name of applicant's father Theopen E. Johnson
(a) Full name of applicant's father Other P. Rug.	6. (a) Full name of applicant's father () (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign country) Okic (b) Full maiden name of applicant's mother Negla Marie Grabill
(b) Full maiden name of applicant's mother Maydul Smith	(b) Full maiden name of applicant's mother Tight " acres to the control of the co
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Philippia
Birthplace of mother (State or foreign country) Kentusky	Birthplace of mother (State or foreign country) Okio
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
mmune deficiency syndrome). Starte & Applicant X Date 8-01-91	immune deficiency syndrome). Sundra M Operan Date 8-01-
Signature of Applicant X Clurcy C. Date Date	Signature of Applicant N Date Date
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
ounty of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS as: ss: and this application is true and correct the same of the same
Signed K Seura Albert	New Address Same as above
New Address Same as about the day of august, 1991	Subscribed and sworn to before me this day of
Causil Rawson Clerk of the HENDRICKS Circuit Court	Corine Faceson Clerk of the HENDRICKS Circuit Con
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
itate of Indiana)	State of Indiana)
county ofHENDRICKSss:	County of HENDRICKS SS:
father ID #	Father ID #
	Mother ID #
AotherID #	Mother ID # Subscribed and sworn to before me this day of, 19
Aother ID #	Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of , 19 Ch A marriage license having been refused to the above named parties, the
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19CI A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorize	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued ges and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana.
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the County Lated 8-1-91 , authorizing the marriage of Lated Sandra Marie Johnson	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Ind filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the County Ind Sandra Marie Johnson Cynthia J. Spence County Hendricks	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties, the cest and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana Steven Lyle Key I further certify that the following marriage certificate was filed in my office (name), certify that on 8-1-91 In Hendricks County, Indiana, County Indiana (state), and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County And filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the County Lated 8-1-91 And Sandra Marie Johnson Cynthia J. Spence Clated, at Danville Steven Lyle Key Sandra Marie Johnson Of Hendricks County Authorization Authorization Hendricks County Hendricks County Authorization Hendricks County Hendricks County Authorization Hendricks County Authorization Hendricks County Hendricks County Authorization Hendricks County Hendricks	A marriage license having been refused to the above named parties, to
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County And filed in RETURN OF MARRIAGE LICENSE County And Exertify that there was filed in my office a marriage license issued by the County County And Sandra Marie Johnson Cynthia J. Spence (date), at Danville Steven Lyle Key Sandra Marie Johnson of Hendricks County Hendricks County And Hendricks County Hendricks County Hendricks County Hendricks County Hendricks County County And Hendricks County County And Hendricks County County County And Hendricks County County County And Hendricks County County County And Hendricks County County County County And Hendricks County County County And Hendricks County County County County And Hendricks County County County County County And Hendricks County Count	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties, the case and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana Steven Lyle Key I further certify that the following marriage certificate was filed in my office (name), certify that on 8-1-91 in Hendricks County, Indiana, (state), and (state) were married by me as authorized (state) and (state) were married by me as authorized (state), Indiana, dated 8-1-91
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County And filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clated 8-1-91 And Sandra Marie Johnson Cynthia J. Spence County Hendricks Sandra Marie Johnson Steven Lyle Key Sandra Marie Johnson Marriage license that was issued by the Clerk of the Circuit Court of Signed by: Signed by: / S/ Cynthia J. Spence	A marriage license having been refused to the above named parties, the Court, by written order issued to the above named parties, the case and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana Steven Lyle Key I further certify that the following marriage certificate was filed in my office (name), certify that on 8-1-91 in Hendricks County, Indiana, (state), and (state), and (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-1-91 Ist Deputy Clerk (official designation)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County The stated Sendra Marie Johnson Cynthia J. Spence date), at Danville Steven Lyle Key Sandra Marie Johnson Signed by: /s/ Cynthia J. Spence Signed by: /s/ Cynthia J. Spence	A marriage license having been refused to the above named parties, to Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County And filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Clated 8-1-91 And Sandra Marie Johnson Cynthia J. Spence County Marriage license issued by the Clerk of the Circuit Court of of the	A marriage license having been refused to the above named parties, to Court, by written order issued

HENDRICKS

County

___ (date).

HENDRICKS

Clerk

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. No 🖾 Female Applicant 50 Yes If No, Medical Examination or Report Dated,
Name of Physician Communication A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT stevens Date of Birth Place of Birth (State or fo Never Married OR No. of Date 7-30-90 Annulment Annulment Divorce Date of birth verified by: Birth Certificate Other (Specify) Drivers License ☐ Birth Certificate drivers License Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 (a) Full name of applicant's father William David Robb cant's father Ewing Lee Montgomery Residence of father (if deceased, so state) TEXAS Kentucky father (State or foreign country) Nev Truchy Birthplace of father (State or foreign country). IN Thompson other Elizabeth Marie Birthplace of mother (State or foreign country) Kentuck ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given X Signed Jame W. Rall New Address SAME CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig ets which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ _, authorizing the marriage of __ James W D Robb . I further certify that the following marriage certificate was filed in my office: Cynthia S. Stevens 8-23-91 (name), certify that on ___ Cynthia J. Spence _ County, Indiana, (date), at ____Danvilleg in Hendricks of Hendricks __(state), and _ _ County _ Indiana James W.D. Robb _ County Indiana _ (state) were married by me as authorized __ of Hendricks Cynthia S. Stevens County, Indiana, dated 8-23-91 under a marriage license that was issued by the Clerk of the Circuit Court of ___ 8-23-91 (date) (official designation) Signed by: /s/ Cynthia J. Spence

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

402

c 31-7-9-1. Furnishing false information upon applying for license. I person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under c 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes If No, Medical Examination or Report Dated 7-23-91 Name of Physician Ar. Youman Whitney MD
MALE APPLICANT	FEMALE APPLICANT
ace of Birth (State or foreign country) State of Address Street or R.R. City County State 1008 Valley View R. J. Ridle O. Hendrucks J. M.	Name Pirst Middle Last. Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State AND State AND State AND State Street or R.R. City County State AND State AND State S
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ate of birth verified by: Birth Certificate Antiler (Specify) Bruvers License	Last Marriage Ended By: Death Divorce Annulment Date 1-97 Date of birth verified by: Birth Certificate Other (Specify) Orivers Science
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Arthur Francis Both (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	6. (a) Full name of applicant's father Errest Clayde Mrider (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 Margie Marie Hurdest (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minimum deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given County of HENDRICKS Signed Sign	State of Indiana County of HENDRICKS ss: In this application is true and correct. Signed HENDRICKS ss: In this application is true and correct. New Address day of August 19 91 Connic Lawren Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID #	State of Indiana)
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
County	marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated $\frac{8-2-91}{}$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and Judy Yvonne Wright I, Rev. William J. Bryant	I further certify that the following marriage certificate was filed in my office: (name = 0.5) certify that on 8 - 2 4 - 9 1
(date), atMooresville	_ in County, Indiana,
Judy Y. Wright of Hendricks Columber a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 8-24-91
Signed by: /s/ Rev. William J. Bryant	, Minister (official designation)

#403

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

	8-2-91 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
MALE APPLICANT	FEMALE APPLICANT
Name Donald L. Middle Jenkins	Name Judith K. Haggard
Date of Birth Day Year	Date of Birth Month Day
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. P. City County State	Residence Address Street or R.R. City County State
	1732 Deere Dr. J. Page.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce A Annulment Date 83'
Date of birth verified by: Birth Certificate Bother (Specify) Dr. Lvo	Date of birth verified by: Birth Certificate (Specify) Dr. Lic.
Are you now or have you ever been adjudged to be of unsound mind? No No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No X
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Paul Jenkins	6. (a) Full name of applicant's father Pon Reyman
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state). The	Residence of father (if deceased, so state) B burg IN
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother faith Hizabeth Shaul	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother The through Morgan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Bbug IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Page The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	ONLY OF STATE OF STAT
State of Indiana County of HENDRICKS Signed In this application is true and correct. New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS I swear/affirm that the information given in this application is frue and correct. Aday of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PADENTS PAGENT OF CHARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS Ss:
Father ID #	Father ID #
MotherID #	MotherID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, authorize	and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-2-91, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, WILLIAM P. HENDRICKS	
(date), atWASHINGTON TOWNSHIP	_ in HENDRICKS County, Indiana,
DONALD L. JENKINS of HENDRICKS	County IN (state), and
JUDITH K. HAGGARD of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ WILLIAM P. HENDRICKS	
Filed and recorded in accordance with the laws of the State of Indiana on	8-21-91 (date).
	Signed Clerk HENDRICKS Circuit Court
SOUR EAGLE - SYSTEMS - AND ASSAURT 1477	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

404

_Circuit Court

No.

File .

County

### Arrival Status: Never Married OR No. of Previous Marriages Divorce Annulment Date 2 - 9 0	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 31-91 Name of Physician On Stephen On On On On On On On
WALE APPLICANT First	Name of Physician Stephale Stephale Stephale Stephale Stephale State S
MALE APPLICANT Birth State or foreign country State City County State	Place of Birth State or foreign country District
MALE APPLICANT First	Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: 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 Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes But the full names of any dependent children. 6. (a) Full name of applicant's father (If deceased, so state) Birthplace of father (If deceased, so state) Birthplace of 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)
Birth Month Day Year of Birth (State or foreign country) Ince Address Street or R.R. Oily Country State Arriage Ended By: Death Divorce Annulment Date 12 - 9 O I birth verified by: Birth Certificate Other (Specify) Divorce No. 12 or year on year of applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Dudy Residence of mother (If deceased, so state)	Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: 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 Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes But the full names of any dependent children. 6. (a) Full name of applicant's father (If deceased, so state) Birthplace of father (If deceased, so state) Birthplace of 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)
Birth Month Day Year of Birth (State or foreign country) Ince Address Street or R.R. Oily Country State Arriage Ended By: Death Divorce Annulment Date 12 - 9 O I birth verified by: Birth Certificate Other (Specify) Divorce No. 12 or year on year of applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Dudy Residence of mother (If deceased, so state)	Date of Birth Day 2 Day Place of Birth (State or foreign country) Day 2 Day
Birth Month Day Year Ye	Place of Birth (State or foreign country) Residence Address 3 Street P.R. City A Country Previous Marital Status: 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 Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an arcotic drug? No Yes Residence of father (if deceased, so state) 6. (a) Full name of applicant's father Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (if deceased, so state) Residence of mother (if deceased, so state)
Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of father (State or foreign country) Residence of mother (if deceased, so state)	Residence Address 3 Street of R.R. City County State County
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No	Residence Address 3 Street of R.R. City County State County
Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (b) Full name of applicant's father (b) Full name of applicant's mother (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother (d) Full maiden name of applicant's mother	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Divorce Annulment Pase 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes It answer is "yes," has the adjudication been removed? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If deceased, so state) Birthplace of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Are you adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Lest Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Divorce Received 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If 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)
Are you now or have you ever been adjudged to be of unsound mind? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Birthplace of father (State or foreign country) (Birth verified by: Date 12 - 90 Annulment No X Yes No X Yes No X Yes No X Yes Annulment No X Yes No X Yes No X Yes No X Yes Annulment No X Yes Annulment No X Yes N	Lest Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Divorce Received 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If 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)
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Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
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Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mather (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
(a) Full name of applicant's father England Suntan (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
(a) Full name of applicant's father Eval Suntan Suntan (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 Sundan American Sundan Sun	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)
(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)	(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)
(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)	(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)
(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)	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 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 father (State or foreign country) (b) Full maiden name of applicant's mother Plana Can Hardi (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
(b) Full maiden name of applicant's mother Dudy a, Whiler (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(b) Full maiden name of applicant's mother Haria Haria (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
	00:-
Birthplace of mother (State or foreign country)	
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
s of Court Date	Clerk of Court Date
	State of Indiana) I swear/affirm that the information give
of Indiana) I swear/affirm that the information given stry of HENDRICKS) in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
Signed & Eval Burton	Signed Veresaft Kleentand
New Address	New Address
scribed and sworn to before me this 5th day of Quartet 19 91	Subscribed and sworn to before me this 5th day of Quaguat . 19 91
onnie trauson Clerk of the HENDRICKS Circuit Court	Connie Balveon Clerk of the HENDRICKS Circuit Co
ISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
e of Indiana)	State of Indiana) HENDRICKS ss:
nty of HENDRICKS	County of
er ID #	FatherID #
coribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
cribed and sworn to before me this day of, 19	Subsclibed and swift to before the this
	A marriage license having been refused to the above named parties, t
County	Court, by written order issued
d filed in, authoriz	zes and directs the issuance of a marriage license to the above named partie
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
wife that there was flad in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County Indiana
the decision of the control of the c	Eval Richard Burton
Teresa Anne Kleintank	I hirtner certity that the tollowing marriage certificate was illed in my office
The Rev. Joyce A. Johnson	(name), certify that on 8-17-91
tte), at the Kleintank Residence	in Hendricks County, Indiana,
Eval Richard Burton of Marion	County Indiana (state), and
Teresa Anne Kleintank of Hendricks Co	ounty Indiana (state) were married by me as authoriz
der a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County Indiana dated 8-3-91
ened by: /s/ Joyce A. Johnson	ELCA Clergy-Chapla (official designation)
ed and recorded in accordance with the laws of the State of Indiana on_	8-20-91 (date).

91

_Clerk Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	ORICKS County File
	County File 8 - 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 IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Wear	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
R. R. 1 Stx 23 Coates ville, Hendricles, In. Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By. Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drivers Excense	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? Note Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No (A) Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug? No ◯ Yes □	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
e a sil come d'accions tour Miadael Ray Stanhen as	6. (a) Full name of applicant's father Harold Boy Ravis
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Touries and Dreenle	(b) Full maiden name of applicant's mother Viola Maly Botter
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
1 acknowledge that 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 8-6-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date 8-6
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
HENDRICKE SS:	State of Indiana County of HENDRICKS in this application is true and correct in the control of the
Signed Brian Stephenson in this application is true and correct. New Address	Signed X Susan CX David New Address
Subscribed and sworn to before me this 6 th day of August 19 9	Subscribed and sworn to before me this 6 th day of august 19 9 Circuit Course Spanner Clerk of the HENDRICKS Circuit Course
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
MotherID #	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license begins been refused to the characteristics the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated 8-6-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Brian M. Stephenson
and Susan R. Davis	. I further certify that the following marriage certificate was filed in my office
I, Frank Bunn (date), at Coatesville	in Hendricks County, Indiana,
Brian Stephenson of Hendricks	County Indiana (state), and
Susan Davis of Parke Counter a marriage license that was issued by the Clerk of the Circuit Court of	nunty Indiana (state) were married by me as authorized to the MENDRICKS County, Indiana, dated 8-6-91
Signed by: /s/ Frank Bunn Filed and recorded in accordance with the laws of the State of Indiana on_	, Minister (official designation) 9-10-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

406

Circuit Court

No.

File

County

	8-06-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Family Dartars of P'fuld
MALE APPLICANT	FEMALE APPLICANT
Name Serry Scott Case	Name O First Middle Duet 110
	Date of Birth Month Day Year
Date of Birth Month 08 1966	Date of Birth Month Day Year 1960
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Pesidence Address Box 508, Clariston, Hundricks, Indiana 46118	Residence Address 1. 49th St. Royal Palm Beach, Palm Beach, Dala Blach, Il.
Previous Marital Status: Never Married OR No. of Previous Marriages	
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Tother (Specify) Driver's License	Date of birth verified by: Birth Certificate Gother (Specify) Driver's License
1 Are you now or have you ever been adjudged to be of unequind mind?	1 4 4 5
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
3. (a) Full name of applicant's father Gase	S (2) Edward College Of State Miller Miller 12
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father good 19000
Residence of father (if deceased, so state) Miliana	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) California
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Willensia
(b) Full maiden name of applicant's mother South Sur Mapier	(b) Full maiden name of applicant's mother Karen Young
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) California
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Date	immune deficiency syndrome. Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Signed Serve as Colore New Address Same as Colore Output of Agus Au Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed Signed Sold Clayton In this application is true and correct. New Address R.I. Bert. 308 Clayton In this application is true and correct. Subscribed and sworn to before me this day of Clayton In the Information given in this application is true and correct. Subscribed and sworn to before me this day of Clayton In the Information given in this application is true and correct. Subscribed and sworn to before me this day of Clayton In the Information given in this application is true and correct. Subscribed and sworn to before me this day of Clayton In this application is true and correct. Converted to the Information given in this application is true and correct. Subscribed and sworn to before me this day of Clayton In this application is true and correct. Converted to the Information given in this application is true and correct.
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of <u>HENDRICKS</u> ss:	County of HENDRICKS ss:
ther ID #	Father ID #
otherID #	Mother ID #
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS, certify that there was filed in my office a marriage license issued by the Cleated $8-6-91$, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County Indiana
ndSusan Marie Shiffman	I further certify that the following marriage certificate was filed in my office:
Cynthia o. Spence	(name), certify that on8-6-91
date), atDanville	in Hendricks County Indiana
Jerry Scott Case of Hendricks	County (state), and
Susan Marie Shiffman of Palm Beach Country of the Clark of the Circuit Country of	(SIGIE) WERE MARTIED BY ME AS AUTHORIZED
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ Cynthia J. Spence	HENDRICKS County, Indiana, dated 8-6-91
iled and recorded in accordance with the laws of the State of Indiana on	8-6-91 (date).
	Signed Coming Lowson Clark

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDE	RICKS County	No. <u>407</u>
		8 - 6 - 9 Date of Application
applying for license. ation to a clerk of the arriage license under	Female Applicant 50 No If No, Medical Examination of Name of Physician	Yes r Report Dated 9-14-24 L. Williams, M.D.

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

Month Bue or foreign country) Birst Month Buy Year County State No Co
Month Be or foreign country) Street or R.R. City County State Street or R.R. City County State Annulment Date 88 atus: Never Married Of No. of Previous Marriages atus: Never Married Other (Specify) Divorce Annulment Date 88 Annulment No Yes Is "yes," has the adjudication been removed? No Yes Is "yes," has the adjudication been removed? No Yes In ow under the influence of an alcoholic beverage? No Yes In ow under the influence of an arcotic drug? It names of any dependent children. Annulment No Yes No Yes No Yes Date Annulment No Yes Is "yes," has the adjudication been removed? No Yes No Yes In ow under the influence of an alcoholic beverage? No No Yes In ow under the influence of an arcotic drug? Wes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? Wes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes In ow under the influence of an arcotic drug? No Yes No No Yes No No Yes In ow under the influence of an arcotic drug? No No Yes No No Yes In ow under the influence of an arcotic drug? No No Yes In ow under the influence of an
Street or R.R. City Street or R.R. City State County State No. Yes No. No. Yes No. Yes No. Yes No. Yes No. Yes No. Yes No. No. Yes No. Yes No. Yes No. Yes No. No. Yes
atus: Never Married OR No. of Previous Marriages Annulment OR No. of Previous Marriages No. of Previous Marria
atus: Never Married OR No. of Previous Marriages Annulment OR No. of Previous Marriages No. of P
Death Divorce Annulment Date '88 Ind by: Birth Certificate Other (Specify) Device Divorce Div
now or have you ever been adjudged to be of unsound mind? No Yes Is "yes," has the adjudication been removed? No Yes N
now or have you ever been adjudged to be of unsound mind? No Yes Is "yes," has the adjudication been removed? No Yes N
now or have you ever been adjudged to be of unsound mind? No Yes Is "yes," has the adjudication been removed? No Yes N
related to the male applicant closer than second cousin? No Yes No Yes No Yes No Yes No W
is "yes," has the adjudication been removed? No Yes Petated to the male applicant closer than second cousin? No Yes No Yes
related to the male applicant closer than second cousin? No to Yes
now under the influence of an alcoholic beverage? No
No winder the influence of a narcotic drug? If adopted, list adoptive parents only) Residence of father (State or foreign country) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) ACKNOWLEDGMENT The state of the state or foreign country) ACKNOWLEDGMENT The state of the state or foreign country) ACKNOWLEDGMENT The state of the state or foreign country) ACKNOWLEDGMENT The state of the state or foreign country and state of the st
Full name of applicant's father 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) 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 The state of the communicable diseases
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) 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 The that I have received information regarding dangerous communicable diseases
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT The that I have received information regarding dangerous communicable diseases
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT The that I have received information regarding dangerous communicable diseases
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) 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 The that I have received information regarding dangerous communicable diseases
Birthplace of father (State or foreign country) Full maiden name of applicant's mother Selection Selectio
Full maiden name of applicant's mother Dail Blend Blen
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT The that I have received information regarding dangerous communicable diseases
Birthplace of mother (State or foreign country) ACKNOWLEDGMENT The that I have received information regarding dangerous communicable disease
ACKNOWLEDGMENT that I have received information regarding dangerous communicable disease.
e that I have received information regarding dangerous communicable disease
e that I have received information regarding dangerous communicable disease
ncy syndrome 1 1 1 1 1 1 1 6
policant A fault of allers Date 0/6/1,
pplicant has objected to verifying by oath or affirmation or signature to the above
nt because of religious beliefs.
Date
HENDRICKS I swear/affirm that the information give ss: in this application is true and correct
Signed Marlene Saclehange
Address
d sworn to before me this 6th day of Gugust . 19 9)
Clerk of the HENDRICKS Circuit Cour
PARENTS, PARENT, OR GUARDIAN
nts of this applicant, hereby give consent for this marriage. If only one parent signs
ch make the consent of the other parent unnecessary
a HENDRICKS S5:
ID #
ID.
d sworn to before me this day of, 19
Cle
icones having been refused to the above named parties th
irt, by written order issued
irt, by written order issued
ort, by written order issued s the issuance of a marriage license to the above named parties RRIAGE CERTIFICATE
ort, by written order issued s the issuance of a marriage license to the above named parties RRIAGE CERTIFICATE
RRIAGE CERTIFICATE rcuit Court of HENDRICKS County, Indiana,
RRIAGE CERTIFICATE recuit Court of HENDRICKS County, Indiana, certify that the following marriage certificate was filed in my office
RRIAGE CERTIFICATE recuit Court of
RRIAGE CERTIFICATE recuit Court of HENDRICKS County, Indiana, certify that the following marriage certificate was filed in my office e), certify that on County, Indiana,
RRIAGE CERTIFICATE recuit Court of HENDRICKS County, Indiana, certify that the following marriage certificate was filed in my office e), certify that on County, Indiana, (state), were married by me as authorize
RRIAGE CERTIFICATE recuit Court of HENDRICKS County, Indiana, certify that the following marriage certificate was filed in my office e), certify that on County, Indiana, (state), and (state) were married by me as authorized HENDRICKS County, Indiana, dated
RRIAGE CERTIFICATE recuit Court of County, Indiana. certify that the following marriage certificate was filed in my office e), certify that on (state), were married by me as authorize.
ou

HENDRICKS

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

of IC 31-7-3	No. 408
<u>HEND</u>	South
	8-7-91 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 8-5-91 Name of Physician Spanfield In the Care
MALE APPLICANT	FEMALE APPLICANT
Name De Milet First month last Middle Last mous M.	Name Christie Dorlene Howard
Date of Birth Month Day Year 2 18 69	Date of Birth Month Day Year
Place of Birth (State or foreign country) Manklen Ten -	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 328 Raynes St. Deld Hendrelo In.	Residence Address Street or R.R. City County State
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No \(\subseteq \text{Yes} \subseteq	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Durant Mateland Simmons, Ir.	6. (a) Full name of applicant's father Levy Edward Howard
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state).
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jolley Burbet	(b) Full maiden name of applicant's mother Dorra Jean Duebbe
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS SS: in this application is true and correct. Signed Sugar	County of HENDRICKS Signed Structure Signed Structure Signed Structure Struc
Subscribed and sworn to before me this 7th day of 200, 19 9	Subscribed and sworn to before me this 7th day of Sully, 19 91 Conne Sauren Clerk of the HENDRICES Circuit Cou
Connie Source Clerk of the HENDRICKS O Circuit Court	Connie Fauren Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issuedeconomic to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
dated 8-21-91, authorizing the marriage of	DWIGHT M. SIMMONS
	I further certify that the following marriage certificate was filed in my office
(date), at MOORESVILLE	(name), certify that on8-17-91 inMORGAN
DWIGHT M. SIMMONS of HENDRICKS	County IN(state), and
	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ EDWARD RIPPERGER	County, Indiana, dated 8-17-91 CATHOLIC PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-21-91 (date).

Circuit Court

I, Richard A. Haney

(date), at ___Indianapolis

Jonathon Dewayne House of Hendricks

Jennifer Elaine Lawson of Hendricks

Signed by: /s/ Richard A. Haney

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

Filed and recorded in accordance with the laws of the State of Indiana on 8-12-91

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No X Yes IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT UZ G006 Never Married OR No. of Previous Marria OR No. of Previous Marriages Divorce 🗌 Annulment Death Annulment Last Marriage Ended By Death Divorce Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No A Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🔲 No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? Yes 🔲 No 🔯 No D Yes 🗌 elated to the male applicant closer than second cousin? Are you related to the female applicant closer than second cousin? No D Yes 🔲 No D No 🔯 Yes 🗌 Driana Lawson List the full names of any dependent children. Brandon Full name of applicant's father Alfred H. Lawson D. House (a) Full name of applicant's father Donald Rushville IN Simmons **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court _ I swear/affirm that the information given HENDRICKS day of Quant, 19 91
HENDRICKS Circ CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued County _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ____ County, Indiana, HENDRICKS _ . I further certify that the following marriage certificate was filed in my office:

8-10-91

_ County, Indiana,

Damson

_(state), and _

(official designation)

(state) were married by me as authorized

County, Indiana, dated 8-10-91

__ (name), certify that on _

in Marion

_ County _ Indiana

_ County __ Indiana

, Pastor

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

8-8-91 Date of Application

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated Name of Physician She Bush, Johns
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name Nember (Middle Aust) Aulto
Barry Lee Kelly Month Day Wear	Date of Birth Month Day Year
10 4 66	Place of Birth (State or foreign country)
ce of Birth (State or foreign country) alabamad	Indiana)
1229 B. apple the ho Hoover Jeffergue al	75757- 650E. Bourn Kondreds In
13412 19	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Marriage Ended By: Death Divorce Annulment Date	
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Yes Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Walter Houston Kelly	6. (a) Full name of applicant's father George Neith Shully (3 11
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Induction
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mourn Ovada Tisdale.	Birthplace of father (State or foreign country) making College James
	(b) Full maiden name of applicant's mother Truency Coccess (Manual Control of
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indeasa
	ACKNOWLEDGMENT
ACKNOWLEDGMENT cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
and delices and and a land a land a land	immune deficiency syndrome)
enature of Applicant Darry Lee Kelly Date 88-91	Signature of Applicant Jony (12 4 50 1)
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. The court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
Signed Barry Lee Keley Horver all abscribed and sworn to before me this HENDRICKS Commit Jawash Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Signed Barry Lee Keley Horver all abscribed and sworn to before me this day of aug 199 Commit Jawash Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this County of HENDRICKS Subscribed and sworn to before me this County of HENDRICKS I swear/affirm that the information given set in this application is true and correct. And HENDRICKS Subscribed and sworn to before me this County of HENDRICKS Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana County of HENDRICKS Father ID #
ther ID #	MotherID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
nd filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cated $8-8-91$, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE The count of the Circuit Court of the Circuit Count of the Circu
nd Kimberly Ann Fults	I further certify that the following marriage certificate was filed in my office:
Rev. Leonard Maynard, Jr.	(hame), certify that on
Barry Lee Kelly of Jefferson	inHendricksCounty, Indiana,
	ounty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	0 10 01
gned by: /s/ Rev. Leonard Maynard, Jr.	Asst. Pastor (official designation)
led and recorded in accordance with the laws of the State of Indiana on_	8-26-91 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
CCE FORMS • SYSTEMS 1-800-382-8702 1477	

Signed by: /s/ Perry Anderson

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County -8-91 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. Rovell IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** mmos Place of Birth (State or for Place of Birth (State or fore 759 avon 524 YA Never Married Never Married OR No. of Previous Marriages Divorce Death Annulment Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🔲 Yes 🔲 No 🗆 Yes 🔲 Note Yes 🔲 Yes 🗌 No A Yes 🗌 Yes 🗌 No Yes Are you now under the influence of a narcotic drug? Yes 🔲 Simmona Indiana Indiana Indiana Birthplace of mother (State or foreign country)_ ce of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases transmitted, and a list of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS Signed X WWW Summena Subscribed and sworn to before me this ____ &th__ day of ______ CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued ___ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-8-91 authorizing the marriage of Bryan Stephen Landis , authorizing the marriage of _ Susan Lynette Simmons . I further certify that the following marriage certificate was filed in my office: I, Perry Anderson (name), certify that on _ (date), at _ Greenwood Johnson _ County, Indiana,_ _County ____Indiana Bryan S. Landis of Hendricks Indiana _(state), and _ Susan L. Simmons (state) were married by me as authorized County_ of_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of

County, Indiana, dated _

HENDRICKS

(date).

(official designation)

Clerk

Circuit Court

Minister

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗵 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician Dr. Donald L. Pagers
MALE APPLICANT	FEMALE APPLICANT
Name With Barton Barton Daniels	Name Grala Saith Looper
ate of Birth Month Day Year 1967	Date of Birth Month Day
e of Birth (State or foreign country)	Place of Birth (State or foreign couples)
idence Address Street or R. City County State	Residence Address Street or R.R. City County State
2, Box 224-42, Pettoboro, Herdricks, Indiana Helle	Residence Address Stylet or R.R. Brownsbulg Herdischen Frichis
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Tother (Specify) Driver's License	Date of birth verified by: Birth Certificate Sother (Specify)
of other verified by. Some Certificate Decrease Specify Survey of Specify	1 D
	Woter's Registration Record
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a parentia drug?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? List the full names of any dependent children	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
p. 4 m.	
(a) Full name of applicant's father Barry L. Allrillo	6. (a) Full name of applicant's father FLSSE D. Lloppur, Ir.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Rightness of father (State or Indian State)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) This half was a state of the state	Birthplace of father (State or foreign country) Lestury Minderha
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother full maiden name of applicant name of app
Residence of mother (if deceased, so state) Indiana	Residence of mother (if deceased, so state) — In diana
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Pudling
gnature of Applicant Date S G G G G G G G G G G G G G G G G G G	Signature of Applicant Amelia Double Service Date Date Service Date Date Service Date Date Date Date Date Date Date Dat
knowledgment because of religious beliefs. Pate	acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
see of Indiana I swear/affirm that the information given in this application is true and correct. Signed I frame family and the internation given in this application is true and correct. New Address 3492 Belluga family 21, Indianapolis In the beschied and sworn to before me this day of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X County of Signed X County of HENDRICKS Signed X County of HENDRICKS Signed X County of HENDRICKS Subscribed and sworn to before me this S day of August 19 91 County Hendricks Circuit County of HENDRICKS
on the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
unty of	County of HENDRICKS ss:
ner ID #	Father ID #
ther ID #	Mother ID #
scribed and sworn to before me thisday of19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
d filed in authorize	
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS tertify that there was filed in my office a marriage license issued by the Cle ted, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
Angela Faith Hopper	I further certify that the following marriage certificate was filed in my office:
Steven k. keeves	(name), certify that on 9-7-91
date), at Brownsburg	_ in _ Hendricks County, Indiana,
	County Indiana (state), and
Angela Faith Hopper of Hendricks Connuder a marriage license that was issued by the Clerk of the Circuit Court of	The state of the s
gned by:/s/ Steven T. Reeves	
led and recorded in accordance with the laws of the State of Indiana on	9-10-91 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

_Circuit Court

_Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ★ Yes □ If No, Medical Examination or Report Dated & - 5 - 9 1
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Thomas O. Moore, M.O.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Dail	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) 2 29 68
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
9601 E. 950N Broundriag Hindrichs, In.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Stother (Specify) Driver discense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No Yes ☐
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes ■ 4. Are you now under the influence of a narcotic drug? No ♥ Yes ■
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Olex R, Voils	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) forcy see Cory
Residence of father (State or foreign country)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bathaca & Batterson	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Plan abele Course
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Signed Signed The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. I swear/affirm that the information give the country of the information is true and correct the country of the information is true and correct the country of the information is true and correct the country of the information or signature to the above acknowledgment because of religious beliefs. Clerk of Court Signature to the above acknowledgment because of religious beliefs.
New Address Same	New Address
Subscribed and sworn to before me this 8th day of August, 19 91 Connel Saursen Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 8th day of Quartet, 19 91 Conne Squide Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me thisday of, 19	Mother
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana.
	I further certify that the following marriage certificate was filed in my office (name), certify that on 8-17-91
(date), atFlat Rock	_ in _ Shelby County, Indiana,
John Paul Voils of Hendricks Tawahna Sue Coy of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized (state) were married (state) were m
Signed by: /s/ Paul R. Dunklan Filed and recorded in accordance with the laws of the State of Indiana on	Pastor (official designation) 9-5-91 (date).
	C
	Signed Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No № Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Appear White
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Randy David Winters	Name Mary Michella Ritchia
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
RRI BOX 187 MONTOVIA	404 Raines St. Pifal.
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Bother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify N. 1. Th. Th. 4
61.20	The filling the t
	Dallo.
Are you now or have you ever been adjudged to be of unsound mind? No. Yes If answer is "yes" has the adjudged to been removed? No. The second se	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🗖 Yes 🗆	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Nicholas H. Smith
6. (a) Full name of applicant's father Carnest Frank Winters	6. (a) Full name of applicant's father Robert Douglas Ritchie
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Wassavia ID	Residence of father (if deceased, so state) Emmenine II
(b) Full maiden name of applicant's mother Severly Law Mook	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (arc) Sullivan (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Columbus DH
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
ACKNOWN EDGMENT	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Manaly D. Winlers Date 8-8-91	Signature of Applicant Mary notation Date 8891
The above applicant has objected to verifying by oath or affirmation or signature to the above	The shows continued has shipsted to write in the sub-sub-sub-sub-sub-sub-sub-sub-sub-sub-
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information gives	
State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information giver County of HENDRICKS ss: in_this application is true and correct
Signed X Kandy D. Winters	Signed & Mary Mketchie
New Address	New Address Deme as above
Subscribed and sworn to before me this day of 19 HENDRICKS Circuit Court	Subscribed and sworn to before me this day of A 19 11
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 8-8-91, authorizing the marriage of	RANDY DAVID WINTERS
	I further certify that the following marriage certificate was filed in my office:
I, THOID R. PITTLER	(name), certify that on 8-17-91
DANDY DAVID LITHIUDG	_ in PUINAM County, Indiana, County IN (state), and
MADY MICHELLE DIRECTE	county (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 8-17-91
Signed by: /s/ FLOYD K. MILLER	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-21-91(date).
	Signed Clerk HENDRICKS Circuit Court

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No. _

HENDRICKS

Circuit Court

Form Prescribed By Indiana State Board of Health and Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	8-8-91 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 I If No, Medical Examination or Report Dated 7 - 16-91 Name of Physician Dr. Stephen Beeger, M.O.
MALE APPLICANT	FEMALE APPLICANT
Name Siral Middle Class Class Class County State Class Clas	Name First Middle Last Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marrial Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date Sq
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 Aug. 8, 1991	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 Oug 8,1
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Council A: Library New Address Subscribed and sworn to before me this Sthood and sworn to be such as the sth	State of Indiana County of HENDRICKS Signed Conice C. Verimble New Address Subscribed and sworn to before me this 8th day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: To #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother Subscribed and sworn to before me this day of , 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 8-8-91, authorizing the marriage of andJanice A. Vermillion	rk of the Circuit Court of HENDRICKS County, Indiana.
I, Rev. Alberta Allee Diehl (date), at Indianapolis	(name), certify that on
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Alberta Allee Diehl Filed and recorded in accordance with the laws of the State of Indiana on	

HENDI	No
HENDI	8-9-91
	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 M Yes If No, Medical Examination or Report Dated Name of Physician Dr. Charles Driggle, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Brian Evane Hatewood	Name Kelli Slan Bennett
Date of Birth Opay Year 5 38 68	Date of Birth Month Day Year 70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Siale 8503 W. Catherys # 610 Chicago Cook Felinois Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State Markey RD. P.D. Box 166, Danville, Hendrichs In Previous Marital Status: Never Married & OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Sicense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No 4. Yes 4.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note: Yes: Yes: Yes: Yes: Yes: Yes: Yes: Ye	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🔼 Yes 🗆 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? Noy Yes 5. List the full names of any dependent children.
5. List the full names of any dependent children.	
6. (a) Full name of applicant's father aaron Eugene Gatewood	6. (a) Full name of applicant's father William allen Sennett
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) There
(b) Full maiden name of applicant's mother Sharon Type Haronon	(b) Full maiden name of applicant's mother Downs Claime Munace (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date S-9-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 8-9-9/
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed State State in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct. Signed X Kelli J. Bennets
Subscribed and sworn to before me this 9 th day of Quant, 19 91 Cornic Squarer Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 9th day of Charlet 19 91 Connic France Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) ss:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Claded 8-9-91, authorizing the marriage of	Brian E. Gatewood
and Kelli J. Bennett	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-10-91
(date), at Danville	_ in _ Hendricks _ County, Indiana,
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Ronald E. McDoyle Filed and recorded in accordance with the laws of the State of Indiana on	Unimprove

> _ Clerk Circuit Court

Signed_

No. 417

HENDRICKS

____ Clerk _Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL	County File
	8-9-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Oxonaco Steameer, MO
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Durnell	Name Sa First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.P., City County State	Residence Address Street or R.R. City County State
2260 12. Main St. #2 Danville, Hendrich, In.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7 - 9 0	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Lice and	Date of birth verified by: Griff Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No 10 Yes	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. Obrocle Unthing	List the full names of any dependent children.
	A STATE OF THE PARTY OF THE PAR
6. (a) Full name of applicant's father Seral & Wayne Burnell	6. (a) Full name of applicant's father Mark anthony Scolars
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sandra Sugar Thartin	(b) Full maiden name of applicant's mother January
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Biniplace of mother (state of foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and arylist of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Date 7-9-91	Signature of Applicant Share for Scholar Date 8-9-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) County of HENDRICKS ss: in this application is true and corrections in the correction of the correct
Signed X Dua Survey	County of Have Jo Stolano is true and correct signed
New Address Same	New Address
Subscribed and sworn to before me this 9th day of Quant, 19 91 Connie Sours Clerk of the HENDRICKS Clerk Court	Subscribed and sworn to before me this 9 th day of Angust , 19 91
Clerk of the HENDRICKS Circuit Court	Connie Lawren Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	and the content of the content of the parent universally
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Cien	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 8-9-91, authorizing the marriage of	Jerald B. Burnell
and Shani J. Scolaro	I found an annifor that the full mine anniform and for the first time of
	(marrie), certify mas on
Jerald B. Burnell of Hendricks	in Marion County, Indiana, (state) and
Shani J. Scolaro of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-10-91
Signed by: /s/ Andrew P. Crowley	
Filed and recorded in accordance with the laws of the State of Indiana on	8-15-91 (date).

HENDRICKS

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HENL.	DRICKS County File
	8-9-91 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 I If No, Medical Examination or Report Dated Name of Physician Alm Hunny
MALE APPLICANT	FEMALE APPLICANT
Name Risk Middley Last Rush	Name First Alla Carrage Thompson
Date of Birth Month, Day Year	Date of Birth Month of Day Year Kinn
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
maple. In	Lageyette Indiane
Residence Address Street or R.P. Mun City County State	Residence Address Street of R.R. City Cooling State 675/2 E. Main Danielle By
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married [] OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Derrificate Other (Specify)
Date of birth verified by:	Date of birth verified by.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Yes Yes Yes No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No Ves Ves	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father COUNCL R. Rush	6. (a) Full name of applicant's father fall July Thompson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) The Alleger And Birthplace of father (State or foreign country) Military
(b) Full maiden name of applicant's mother Marcia Riell	(b) Full maiden name of applicant's mother Wells axe Bottorff
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Splinch, Jan Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State of Totalgh Country).	Biltiplace of mother (state of loreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Homers Date 8-9-41	Signature of Applicant Chyclica Carros Mingon Date 8-9-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Kuthund Willen Kuck in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 675/2 E. Marit St. Panville, In. 46122	New Address 6 1/2 E. Main St. Drull 1/2 L/1.
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
DENIL O QUIDOR Clerk of the HENDRICKS Circuit Court	CONNUE TAWARD Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
State of Indiana) County of HENDRICKS SS:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued izes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-9-9/, authorizing the marriage of and Angela Carron Thompson	Richard Allen Rush
John W. McFarland	(name), certify that on8-17-91
(date), atBainbridge	inPutnam County, Indiana,
	CountyIndiana(state), and
Angela Carron Thompson of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	State) were married by me as authorized
Signed by: /s/ John W. McFarland	,
Filed and recorded in accordance with the laws of the State of Indiana on_	8-20-91 (date).

Sawsen HENDRICKS

Circuit Court

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Quennel ll ctober Date of birth verified by: Birth Certificate Other (Specify) Sirth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 er is "yes," has the adjudication been removed? is "yes," has the adjudication been removed? No 🗆 Yes 🗌 No Yes elated to the female applicant closer than second co No Yes 🔲 No Yes now under the influence of an alcoholic beverage? No Yes now under the influence of a narcotic drug? No Yes None lennis William Dummel Indiana Indiana Inciara ACKNOWLEDGMENT information regarding dangerous communicable diseases Keven The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the abov Clerk of Court State of Indiana State of Indiana Embassy day of august 19 91 COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-9-91

authorizing the marriage of Kevin Edward Holding County, Indiana, , authorizing the marriage of _ and Daena Eileen Dummel . I further certify that the following marriage certificate was filed in my office:

(name). certify that on 8-24-91 R. Fred RodKey _ (name), certify that on _ Hendricks

County, Indiana,

County, Indiana, dated _

HENDRICKS

Associate Minister (official designation)

_(state), and _

(state) were married by me as authorized

Clerk

Circuit Court

County Indiana
Junty Indiana

8-27-91

(date), at Avon, Indiana

Kevin Edward Holding

Daena Eileen Dummel

Signed by: /s/ R. Fred RodKey

__ of_ Hendricks

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

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

HENDRICKS

No.

File .

County

31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 8-5-91 Name of Physician Dr. Driest, MD-Yesto
MALE APPLICANT	FEMALE APPLICANT
rice First Middle Last Order Sungrey Order Sungre	Name First Middle Last Date of Birth Day Place of Birth (State or foreign country) Pesidence Address Street or R.R. City County State
Dlender Dr. Planfield Hendricks, Sn.	231 Judon Dr. Thorse sulle Maragan 32 Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
(a) Full name of applicant's father Designe Fredrick Elmare (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 Bonne Des Cooks (If adopted, list adoptive parents only). Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country).	6. (a) Full name of applicant's father Road Dale Rittman (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 Canal Canal Williams (If adopted, list adoptive parents only). Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country).
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Date 8-9-9/ Dete above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
ss: Signed Secribed and sworn to before me this 9 the Circuit Court	State of Indiana County of HENDRICKS Signed Signe
on SENT OF PARENTS, PARENT, OR GUARDIAN o, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
te of Indiana) ss: unty of <u>HENDRICKS</u>) ss: ther	State of Indiana) ss: County of
OMPLETE IE MARRIAGE LICENSE ISSUED RY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	
certify that there was filed in my office a marriage license issued by the Cleated $\frac{8-9-91}{}$, authorizing the marriage of ${}$	Mark Andrew Elmore
	I further certify that the following marriage certificate was filed in my office: (name), certify that on8-17-91 in Marion
Mark A. Elmore of Hendricks	County Indiana (state), and
Eva M. Pittman of Morgan Counter a marriage license that was issued by the Clerk of the Circuit Court of Igned by: /s/ Abraham Athiely	Pastor (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	8-30-91 (date).

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 7-16-91 Name of Physician Scand, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Booner William Heard	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Model Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County. State
6024 Ward Dr. apt. D. Speedway, Marion, In.	1025 Binewood Ct. S, Blainfield, Hendriches
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Anther (Specify) Drivers License	Date of birth verified by: Birth Certificate Aother (Specify) Drivers Excense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? Note Yes Note Yes Note Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No 77 Yes Yes
4. Are you now under the influence of a narcotic drug? No. Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Darry William Heard	6. (a) Full name of applicant's father Social Romal & Soulsburg
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sharan Sean You	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Deno a Spacaline Fred
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Denda Spacaline, Fredrick (If adopted, list adoptive parents only).
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Transcription
ACKNOWLEDGMENT	ACKNOWLEDGMENT
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this I swear/affirm that the information given in this application is true and correct. Aday of August, 19 9 1	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 1216 day of 1990 da
Connie Sauron Clerk of the HENDRICKS Circuit Court	Comis Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID #
COMPLETE IF MARRIAGE HOENER INC. INC. INC. INC. INC. INC. INC. INC.	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of F	rk of the Circuit Court of HENDRICKS County, Indiana, Rodney William Heard
and Tonya Marie Saulsbury	I further certify that the following marriage certificate was filed in my office:
I, Rev. John C. Parsley	(name), certify that on8-16-91
Rodney William Heard . Hondricks	in Hendricks County, Indiana, County Indiana (Marke) and
Tonya Marie Saulshury a Hondricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-12-91
Signed by: /s/ Rev. John C. Parsley	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Comie Lawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

422

No. _

HENDRICKS

Circuit Court

HENDRICKS County File	
	8-12-91 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
	FEMALE ADDITIONAL
MALE APPLICANT	FEMALE APPLICANT Name First Middle Last
Name First Middle Last Snow	Sherilane B Dears
Date of Birth Month Day Year Year	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State 39% Lincoln St. Daniel IN	68 N. 300 E. Danville TN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate POther (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic.
	No. D. No. D.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ✓ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
4. Are you now under the influence of a narcotic drug? No S Yes 5. List the full names of any dependent children.	5. List the full names of any dependent children. Lorey Sears
6. (a) Full name of applicant's father lasby & Snow	6. (a) Full name of applicant's father Robert L. Wethington
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Rosemanie Lattrell	(b) Full maiden name of applicant's mother Wargot B. Lagner
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country/Sautar Fer Many
Bittiplace of motiver (state of foreign country)	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-12-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Selver Bank 95 above New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clated 8-12-91, authorizing the marriage of	Danny E. Snow
and Sherilane B. Sears I. Robert E. Jones	$_$. I further certify that the following marriage certificate was filed in my office: $_$ (name), certify that on $_$ 9 - 1 4 - 9 1
(date), at Danville	in Hendricks County, Indiana,
Danny E. Snow of Hendricks Sherilane B. Sears of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-14-91
Signed by: /s/ Robert E. Jones Filed and recorded in accordance with the laws of the State of Indiana on_	Pastor (official designation) 9-27-91 (date).
The and recorded in decordance with the laws of the state of mataria on_	0 . 9
	Signed Clerk Clerk

HENDRICKS County - 13-91 Female Applicant 50 No 🗵 Yes 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Dr. Deboral Ciancone circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 11838 au Jame Previous Marital Status: Never Married 🗆 OR No. of Previous Marriages 😞 Previous Marital Status: Never Married Death 🔲 Last Marriage Ended By: Dother (Specify) Driver No C Yes 🔲 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 Yes 🔲 No) Yes 🔲 No D Yes 🗌 No D Yes 🔲 No 🗸 Yes 🔲 No D No 🛛 Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. The Lissa Fallage Derog arnold Burkholder South Dakota Deverly any yours Zarana Birthplace of mother (State or foreign country). **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court _ Clerk of Court HENDRICKS day of Quoust, 19 91
HENDRICKS Circ day of Quant, 19 _ Subscribed and sworn to before me this 13th onne trawton Clerk of the Circuit Court We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
Scott C. Falkenberg HENDRICKS _ County, Indiana, _ , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 8-17-91 Janet M. Bridges (name), certify that on _ Hendricks I, Rev. William H. Steinke

County, Indiana,

_(state), and

(official designation)

___ (state) were married by me as authorized County, Indiana, dated 8-17-91

_ Clerk

Circuit Court

Indiana

(date)

HENDRICKS

Indiana

9-12-91

_ County __

Messiah Luthern Church - Brownsburg
C. Falkenberg of Marion

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

Scott C. Falkenberg Janet M. Bridges

of Hendricks

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

424

Circuit Court

	8 - 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 X Yes If No, Medical Examination or Report Dated 8-13-91 Name of Physician Or, Work Frank, MD,
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Day Year 10 Place of Birth (State or foreign country) Place and State or foreign country)	Name Pirst Middle Last Scaega Date of Birth Month Day Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Revious Marital Status: Never Married OR No. of Previous Marriages Can Death Divorce Annulment Date G	Residence Address Street or R.R. City County State 209 E. Than Drownsbury Hendricks The Previous Marriages Previous Marriage Ended By: Death Divorce Annulment Date 4 0 1/2
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Last Marriage Ended By: Death Divorce Annulment Date 4-90 Date of birth verified by: □Birth Certificate Annulment Date 4-90 Excense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes Yes Yes Yes Yes No Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
Birthplace of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother War Dyer Shiner (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Date 2-/3-9/	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Signed Source New Address Source Subscribed and sworn to before me this 34 day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana) ss: County of
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI certify that there was filed in my office a marriage license issued by the Cle and Dana A Scaggs Dana A Scaggs The Dana A Scaggs	E AND MARRIAGE CERTIFICATE rk of the Circuit Court of HENDRICKS County, Indiana,
nd, authorizing the marriage of, Rev. James R. Brown	I further certify that the following marriage certificate was filed in my office:
date), at First Assembly of God - Greencastle Todd Dunn of _ Putnam	in Putnam County, Indiana, County Indiana (state) and
Dana A. Scaggs of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	nty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 8-31-91
igned by: /s/ Rev. James R. Brown illed and recorded in accordance with the laws of the State of Indiana on	-, Minister (official designation)

____ Clerk _Circuit Court

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Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	S-13.91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No № Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name V First Middle D Last	Name V First Middle R Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
ZO	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 78
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lio	Date of birth verified by: Birth Certificate Cother (Specify) Dr. Lic.
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ Yes □ Yes □
Are you now or have you ever been adjudged to be of unsound mind? No Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No 10 Yes 1	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No D. Yes D.
Are you now under the influence of a narcotic drug? No P Yes No	Are you now under the influence of a narcolic drug? List the full names of any dependent children.
6. (a) Full name of applicant's father Wordall Roc	6. (a) Full name of applicant's father Kenneth V. Frick
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state). No ples Florida	Residence of father (if deceased, so state) Trapity. Th
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother 18 18 18 18 18 18 18 18 18 18 18 18 18
(b) Full maiden name of applicant's mother Turby 1 1 100 00 (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother TRIEN 05. 1900
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in-this application is true and correct.	State of Indiana) I swear/affirm that the information give county of HENDRICKS ss: // in this application is true and correct
Signed X Karl	Signed X Kellen K-Kol
Subscribed and sworn to before me this	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the C	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-13-91 , authorizing the marriage of and Kelen K. Roe	Kenneth L. Roe I further certify that the following marriage certificate was filed in my office.
I, Cynthia J. Spence	(name), certify that on 8-13-91
(date), atDanville	inHendricksCounty, Indiana,
Kenneth L. Roe of Hendricks Kelen K. Roe of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	WEIDERGE 9 12 01
Signed by: /s/ Cynthia J. Spence	, 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-14-91 (date).

Signed_

HENDRICKS County File	
	8-14-91 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 8-12-91 Name of Physician 🔊 🐧 🔊 💮
MALE APPLICANT	FEMALE APPLICANT
Name David Warne Bowlen	Name Least House Martin
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5421 Rain bow Ct, Bloomington, Monsoc, on Previous Marital Status: Never Married OR No. of Previous Marriages 3	230 aven ave, Plainfield, Hendricker, Inc. Previous Marital Status: Never Married & OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 3 - 89	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate AOther (Specify) Drivers Strense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Sicense
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes: In the content of the conten	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No X Yes Yes Yes Yes Yes No X Yes No X Yes No X Yes No X Yes No X Yes No X Yes No X Yes No X Yes No X Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Trent David Bowler	5. List the full names of any dependent children.
20.190 2.0	6 (a) Full name of applicant's father Samuel & Rartin
6. (a) Full name of applicant's father Sobert Clarence Sowler (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father amuse the father than (If adopted, list adoptive parents only).
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Canal Carol Dorman	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and a Marie Bant
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus, that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 8-14-91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and in list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and in list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Ss: Pin this application is true and correct.	County of HENDRICKS ss: un this application is true and correct.
Signed X Dave W. Downlew New Address	Signed Alamba X. Martin
Subscribed and sworn to before me this 14 th day of August, 19 9) Connie Doublen Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 14th day of Chroxust, 19 9) Connie Count Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS Father ID #	County of ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, dated 8-14-91, authorizing the marriage of David W. Bowlen	
and Leanita G. Martin I, Rev. William A. Headley	I further certify that the following marriage certificate was filed in my office:
(date), at Poland	in Owen County, Indiana,
	C. Indiana
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-14-91
Signed by:/s/ Rev. William A. Headley, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-20-91 (date).	

Clerk Circuit Court

427

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No 🗗 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician	
IC 31-7-3 commits a Class D felony.	Name of Physician 4. 4 4 mgs.	
MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Last	Name First Middle Last	
Date of Birth Month Day Your	Date of Birth Month Day Year	
5 31 63	7 23 67	
Place of Birth (State or foreign country) Wilhiam	Place of Birth (State or foreign country)	
Residence Address Street or R.R. Cips County State	Residence Address Street or R.R. City County State	
Previous Marital Status: Never Married D OR No. of Previous Marriages	Previous Marital Status: Never Married Q OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Q Other (Specify) Dr. U.C.	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic	
	The state of the s	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?	
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?	
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No No Yes 5. List the full names of any dependent children.	
List the full names of any dependent children.	5. List the full names of any dependent children.	
2 10.000	Tal. 11 1 2 1	
6. (a) Full name of applicant's father Toylor Cook Snow	6. (a) Full name of applicant's father John Ulade Sharkey	
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) 3 Rivers Michigan	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Conville: IN	
Birthplace of father (State or foreign country) Wiching a	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's mother Mary Kara Reed	(b) Full maiden name of applicant's mother Linda Jean Tolob	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) 1 dipls 10	
Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
immune deficiency syndrome)	immune deficiency syndrome) / MITTA W. Sharlhera - 8/14/6	
Signature of Applicant Date 9/14/9	Signature of Applicant X / MWR M- Sharry Date 8/14/9	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court Date	
State of Indiana	State of Indiana) I swear/affirm that the information given	
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.	
Signed X that Thou	Signed X Julia M. Sharkly 8/14/91	
New Address	New Address	
Subscribed and sworn to before me this	Subscribed and sworn to before me this	
Should south	CHICAN OF THE COUNTY	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana)	
County of HENDRICKS ss:	County of HENDRICKS ss:	
Father ID #	Father ID #	
Mother ID #	Mother ID #	
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19	
Clerk	Clerk	
	A marriage license having been refused to the above named parties, the	
and filed in, authorize	Court, by written order issued	
and med in, authorize	es and directs the issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,	
dated 8-14-91, authorizing the marriage of and Dawn Marie Sharkey		
I, the Rev. Walter C. Simmons	I further certify that the following marriage certificate was filed in my office:	
(date), at St. Paul's Episcopal Church	in Marion County Indiana.	
Taylor Christopher Snow of Hendricks	County Indiana (state), and	
	unty Indiana (state) were married by me as authorized	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-14-91	
Signed by: /s/ Walter C. Simmons	, Associate Rector (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on	8-27-91 (date).	
	sand Carris Barrers	
	Signed Orme Dawson Clerk HENDRICKS Circuit Court	

Signed by: /s/ Myron Barnard

Filed and recorded in accordance with the laws of the State of Indiana on 8-16-91

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated
Name of Physician Tichology & Rochorof A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT 10006 Previous Marital Status: Never Married OR No. of Previous Marriages Never Married Date 7 - 90 Divorce D Date 7 - 90 Death Death Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Drivers Freense Yes 🔲 No D Yes 🔲 No K No 🗆 Yes 🗌 No 🗌 is "ves." has the adjudication been removed? Yes 🔲 No 💆 Yes 🔲 Are you related to the male applicant closer than second cousing No Yes 🔲 No 🔯 Yes 🗌 Yes 🔲 No Yes 🗌 No D Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Donald Eugene Tile Theiana Indiana Indiana Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court State of Indiana State of Indiana HENDRICKS Subscribed and sworn to before me this 14th day of Quaguat . 19 91 day of alregust. 19_ CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated $_$, authorizing the marriage of $_$ Donald E. Lile, HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 8-14-91and Melissa D. Magee _ (name), certify that on _ I. Myron Barnard in Marion County, Indiana, (date), at Indianapolis County _ Indiana of Hendricks
Hendricks Donald E. Lile, Jr. _(state), and _ __ County_ Indiana (state) were married by me as authorized Melissa D. Magee _ of___ County, Indiana, dated 8-14-91 under a marriage license that was issued by the Clerk of the Circuit Court of _ (official designation)

Judge

HENDRICKS

Clerk

Circuit Court

HEND	RICKS County File
	8-14-91 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 X Yes If No, Medical Examination or Report Dated 8-8-91 Name of Physician Acureme M. Bites, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day War War
Place of Birth (State or foreign country) 3 53	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
4102 97, Baseway, Inagla, Hinarica, In Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 11 - 89	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate (Specify) Divers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Busell Merrill Hower (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 Cara Frances Fouch (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant Date 8-14-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given	State of Indiana) / //swear/affirm that the information give
County of HENDRICKS ss: An In this application is true and correct.	County of HENDRICKS SS: in this application is true and correct Signed X SUZAN C STATE STATE OF THE STATE OF
New Address Same	New Address
Subscribed and sworn to before me this 14th day of Quaust, 19 91 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 14th day of Guarat , 19 9/ Connue Gaussen Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENT, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countried HENDRICKS Ss:
Father ID #	County of ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated 8-14-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, William Michael Hoover
and Susan Elaine Umphrey, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office (name), certify that on $\frac{8-14-91}{}$
I, Cynthia J. Spence (date), at Danville	(name), certify that on8-14-91 in Indiana County, Indiana,
William Michael Hoover of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-14-91
Signed by:/s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	8-14-91 (date).

_ Clerk Circuit Court

HENDRICKS

430

Clerk Circuit Court

File _

County

	B-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 South Michael Str.
MALE APPLICANT	FEMALE APPLICANT
Name blow Alan Lickrod	Name Marilyn Middle Kaen Keran
Date of Birth March Day Year 1954	Date of Birth Morth Day Year 1957
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Marcon In.
Residence Address / Street or R.R. — City / County State	Residence Address Street or R.R. / City County State
1432 Doliday E, Brownsburg, 46112	
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) Phrovins License	Date of birth verified by: Birth Certificate Other (Specify) Lorwing Successe
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. Kristopher A	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐ So List the full names of any dependent children. Anna L. King
Nickrod & Marianne M. Nickrod	
(a) Full name of applicant's father William Read Hickrook	Lester Plive D
(a) Full name of applicant's father Dilliam Reed Hickrook (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Lester Philips Rouse (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Inliana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Bessie Marie Temples	(b) Full maiden name of applicant's mother Vera Anna Mae Wic
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Indiaxa
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
ignature of Applicant Date 8/15/91	Signature of Applicant Amarily They Trung Date 8/15/91
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I sween/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X or all blogges	Signed & March Trees King
New Address X subscribed and sworn to before me this 15th day of Quantity 19 9 1	New Address Superibed and sworn to before me this 15th day of Avenue 1, 19 91
Clerk of the HENDRICKS Circuit Court	CONNU Jawson Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) HENDRICKS ss:
ounty of	County of
lotherID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated 8-15-91 authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana,
,	. I further certify that the following marriage certificate was filed in my office:
Gilbert R. Schruber	0 22 01
date), at Brownsburg	in Hendricks County, Indiana,
Don Alan Hickrod of Hendricks Marilyn Kay King of Hendricks Co	
under a marriage license that was issued by the Clerk of the Circuit Court of	Sittle were married by me as animorized
igned by: /s/ Gilbert Schruber	,
iled and recorded in accordance with the laws of the State of Indiana on_	8-28-91 (date).
	a. Can . L
	Signed Clerk HENDRICKS Circuit Court
AND COURSE OF THE PROPERTY OF	HENDRICKS Circuit Court

(date), at ____Danville

Harry Stanley Thurnall

Jackie Lyn Wilson

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No to Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Whichael a William M. Al circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Thurnall 269 N Previous Marital Status: Never Married Last Marriage Ended By: Divorce Divorce _ Annulment Death Last Marriage Ended By Death Date of birth verified by: Birth Certificate Other (Specify) Larwers Sicense Date of birth verified by: | Birth Certificate | Other (Specify) | Druvers Sicure No Ves No 1 Yes 🗌 1. Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 ated to the female applicant closer than second cousin? Yes 🗌 No Yes 🗆 Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. (a) Full name of applicant's father Llean a. Thurnace (a) Full name of applicant's father William Lloyd Wilson Indiana Indiana Gloria ann Cottongino Birthplace of mother (State or foreign country) haiana Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court . Subscribed and sworn to before me this 75th day of Attackst, 19 91

Conne Forward Clerk of the HENDRICKS Circ HENDRICKS Onnie Dawon Clerk of the onne Towson Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _, authorizing the marriage of _ Harry Stanley Thurnall and Jackie Lyn Wilson _ . I further certify that the following marriage certificate was filed in my office: I, Rev. Joseph B. Parr (name), certify that on _

in Hendricks

Minister

_ County _ Indiana

___ County __ Indiana

9-3-91

_ of_ Hendricks

__ of_ Hendricks

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

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

Signed by: /s/ Rev. Joseph B. Parr

_ County, Indiana,_

_(state), and _

_ (official designation)

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 8-29-91

HENDRICKS County File	
HEND	County File 8-16-91 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 8-13-91 Name of Physician Dr. Karen Stand, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Stephen Carl Bobbins	Name Samantha Jane Shelton
Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 10419 C. Halden Val. Sm. 94tt. Varnam, Posey, In	Place of Birth Month 12 16 68 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 4933 E, 80,2005, Panville, Hendricha, Jn.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Stother (Specify) Drivera Tycepse	Date of birth verified by: Birth Certificate Other (Specify) Drivers Figure 1
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Con Elmer Solding (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	6. (a) Full name of applicant's father Samuel Fre Shelton (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 Rose Christian alphaner (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother William (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Attackin C Publish New Address State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed New Address I swear/affirm that the information giver in this application is true and correct
Subscribed and sworn to before me this 1000 day of Changest, 19 91 Connic Sources Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 16th day of Quant, 19 91 Connie Lower Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
Mother	Subscribed and sworn to before me this
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued res and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated 8-16-91, authorizing the marriage of	Stephen Carl Robbins
and Samantha Jane Shelton I, Pastor Chris J. Cole	I further certify that the following marriage certificate was filed in my office.
(date), at Faith Baptist Church	_ in _ Hendricks _ County, Indiana,
Stephen Carl Robbins of Posey Samantha Jane Shelton of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Chris J. Cole	TELEPHONE .
Filed and recorded in accordance with the laws of the State of Indiana on_	10-7-91 (date).

HENDRICKS

_ Clerk

Circuit Court

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician South Side OB (-40, Inc.)
MALE APPLICANT	FEMALE APPLICANT
Name 1 First 1 Middle C Last C C	Name First Middle Last
Date of Birth Day Year	Date of Birth Moult Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street par R. R. City, County State	Residence Address Street or R.R. City Couply State
ECO Stattord Painfield IN	TOI TURTIECIKA Dr. Apts Indps IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married AOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drivers License	Date of birth verified by: Birth Certificate Cother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father JOSEPN Harry Head
(If adopted, list adoptive parents only) Smiley Howard Senett	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Wary Ann Beeler	(b) Full maiden name of applicant's mother to the Florence.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
Signature of Applicant Date S-15-91 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworp to before me this 15 day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Angula Hendricks New Address Subscribed and swoffs to before me this Subscribed and swoffs to before me this HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	res and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cle dated 8-23-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, Donald P. Seneff
and Angela S. Head, dumonting the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Richard C. Lawler	(name), certify that on 8-17-91
	inIndianapolis County, Indiana, CountyIndiana (state), and
Angela S. Head of Marion Cou	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rev. Richard Lawler	HENDRICKS County, Indiana, dated 8-17-91 , R.C. Priest (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	(date).
Action to the second of the se	Signed Comie Source Clerk
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No ☑ Yes ☐ If No, Medical Examination or Report Dated Name of Physician ☐ Carof
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
parin C. Cark	Date of Birth Day Year
Date of Birth Day Year On Day	V//pu 3 1972
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
	Residence Address Street or R.R. Street Or R.R. State
Residence Address Street or R.R. City County State	3598 (1) 350 11 Hanvelle Dr.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OFF No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Gether (Specify)
Date of birth verified by: Birth Certificate After (Specify)	Date of this felling of
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
	If answer is "yes," has the adjudication been removed?
	2. Are you related to the male applicant closer than second cousin?
=/ =	3. Are you now under the influence of an alcoholic beverage?
	4. Are you now under the influence of a narcotic drug?
	List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full hames of any dependent children.
0 0 0	
Olmes O Cask	a subject of the Harald V. Albert
6. (a) Full name of applicant's father Simuria (a)	6. (a) Full name of applicant's father Hasoled V - Alberts
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (1809)	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a flist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a flist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Address Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Substituted and sworn to before me this Lotted day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) Sauth of HENDRICKS ss:	State of Indiana) HENDRICKS ss:
county or	County or
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
, autoniz	and the state of t
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Darrin E. Cook
and Suzanne K. Akers	I further certify that the following marriage certificate was filed in my office:
I, Harry K. Bartels	(name), certify that on 8-24-91
(date), atBrownsburg	_ inHendricks County, Indiana,
Darrin Eugene Cook of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-24-91
Signed by: /s/ Harry K. Bartels	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	8-27-91 (date).
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

No. ___435

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENL MENT	DRICKS County File
	8-16-91 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 X Yes If No, Medical Examination or Report Dated 7-1-91 Name of Physician Day, Whichael Yeeley M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Place of Birth (State or foreign country) Residence Address Street or R.R. City County Previous Marriage Ended By: Death Divorce Annulment Date 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes 4. Are you now under the influence of an alcoholic beverage? No. Yes State City County State County State City County State County State City County State County
(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 of a margaret schoole (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Horry Sine Dreogory (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 8/16/9	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date Communicable Communicabl
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Multiple Solution is true and correct of the Subscribed and sworn to before me this 16th day of Current Subscribed and sworn to before me this 16th day of Circuit County Subscribed and sworn to before me this 16th day of Circuit County Subscribed and sworn to before me this 16th day of Circuit County Subscribed and sworn to before me this 16th day of Circuit County Subscribed and sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Subscribed and Sworn to before me this 16th day of Circuit County Sworn Circuit County
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated8-16-91, authorizing the marriage of andMelinda Jo May	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, Michael Eugene Smith I further certify that the following marriage certificate was filed in my office:
(date), at Avon United Methodist Church	(name), certify that on 8-24-91
Michael Eugene Smith of Hendricks	_ inHendricks County, Indiana, County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ H. Thomas Pitcher	unty Indiana (state) were married by me as authorized

_ Clerk Circuit Court

HENDRICKS County No A IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Branstetter 36 Never Married OR No. of Previous Marriages Previous Marital Status: Divorce Last Marriage Ended By: Death Divorce 1 Annulment Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) Date of birth verified by: Birth Certificate Yes 🗌 No Z Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 es," has the adjudication been removed? No 🔲 Yes 🔲 Yes 🗌 related to the male applicant closer than second cousin No A Are you related to the female applicant closer than second cousing No 🔯 Yes 🔲 No 🔯 Yes 🗌 Yes 🔲 No Z Yes 🗌 hanelle 1 athryn Muranda M Jimmy Howard Branstetter (a) Full name of applicant's father Allen Robert Hamley Norma Halen Becker ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Constaller Date 8/16/91 acknowledgment because of religious beliefs Clerk of Court Clerk of Court I swear/affirm that the information given HENDRICKS North Lynhurst, apt A, Indobs I'd We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ ___, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, . I further certify that the following marriage certificate was filed in my office: Debra A. Bransetter _ (name), certify that on ___ Hendricks Rev. George W. Curry Brownsburg County, Indiana,. (date), at _ Indiana __ of___Hendricks Randell R. Hawley ____ County __ Indiana _____ County ____ Indiana __(state), and _ Debra A. Branstetter of (state) were married by me as authorized HENDRICKS _County, Indiana, dated _

Pastor

(date).

9-10-91

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

(official designation)

Clerk _Circuit Court

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr. John Son
MALE APPLICANT	
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Date of Birth Month Day Year,	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianapolis IN	Indianapolis In
Residence Address Street or R.R. Street or R.R. City County State 1840 W. 1054 St Ind 015 IN 40014	Residence Address Street or R.R. City Brownsburg TN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License
	- A See Scicerise
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No. Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No. Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic dyag? Not Yes Yes
5. List the full names of any dependent children. Roddy K. Lawrence,	5. List the full names of any dependent children. Roday K. Cawrence,
6. (a) Full name of applicant's father Rocking Kimbale Lawrence (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Larry Lee, Dillard (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) TW	Residence of father (if deceased, so state) TN
Birthplace of father (State or foreign country) Kentucky	Birthplace of father (State or foreign couptry)
(b) Full maiden name of applicant's mother Eurnce 4000ne. Holl (If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state) Tho	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) TN
Birthplace of mother (State or foreign country) 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 ACKNOWLEDGMENT Lacknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). X Signature of Applicant ASSIC A. Dellard Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct. Signed Pool of Fouriers	County of HENDRICKS SS: in this application is true and correct.
New Address Subscribed and sworn to before me this	Subscribed and sworn to before me this day of day of day of 1991
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, theCourt, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 8-16-91 , authorizing the marriage of F	
g, Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office: (name), certify that on8-16-91
(date), at	_ in _ Hendricks County, Indiana,
Carata A Dilland Harden	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County Indiana dated 8-16-91
Signed by: /s/ Cynthia J. Spence	County, Indiana, dated 8-16-91 1 1st Deputy Clerk (official designation) (date).
	C
	Signed OWN Circuit Court
AND PARK DESIGNATION OF THE PA	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

438

File _

HENDRICKS

Circuit Court

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 12 Yes If No, Medical Examination or Report Dated Name of Physician
10 31-7-3 commits a class b leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name Worts T Middle Hast	Name MoDonna Plaine Sheppard
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Residence Address Street of H.H. City County State	E ane
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7-1-91	Last Marriage Ended By: Death Divorce Annulment Date 12-17-8
Date of birth verified by: Birth Certificate Cother (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Stother (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Yes No Yes No Yes No Yes □
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes ☐ 4. Are you now under the influence of a narcotic drug? No № Yes ☐
5. List the full names of any dependent children. Hee I revor Hack	5. List the full names of any dependent children. Drangy Mitchell Long
Himber Dawn Hack	Michael Davayne Long, Amber Dawn Holack
6. (a) Full name of applicant's father Roger Leron Hock	6. (a) Full name of applicant's father Harold Kenneth Sheppard
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Residence of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother bands Low Veal	(b) Full maiden name of applicant's mother Nelandy Grace Poles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed I swear/affirm that the information given that the information given the swear/affirm that the information given the information given that the information given giv	State of Indiana County of HENDRICKS Signed Y MOONULE I swear/affirm that the information given this application is true and correct.
New Address Subscribed and sworn to before me/this day of 8 . 19 9	New Address
Subscribed and sworn to before me this day of 19 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) ss:
County of	County of HENDRICKS SS:
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Cterk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-16-91, authorizing the marriage of	Monty J. Hack
and MoDonna E. Sheppard I. Danny Vaughn	I further certify that the following marriage certificate was filed in my office: (name), certify that on8-18-91
(date), atIdnianapolis	in Marion County, Indiana,
Monty J. Hack of Hendricks	County Indiana (state), and
MoDonna Sheppard of Hendricks Cou under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 8-18-91
Signed by: /s/ Danny Vaughn	, Judge PT (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-20-91 (date).

Circuit Court

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

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No D Yes IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Janes W. William circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT udlow Course Ann Date of Birth 404 Street or R.F. B'burg sma DYY Walnut Never Married OR No. of Previous Marriages OR No. of Previous Marriages Death Divorce 🔲 Death Divarce 🔲 Last Marriage Ended By: Birth Certificate Other (Specify) Birth Certificate Bother (Specify) Dr. Lic Date of birth verified by: Yes 🔲 No K Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No 🗆 Yes 🗌 Yes 🔲 No D Yes 🔲 Are you related to the female applicant closer than second cousi No D Yes 🗌 No 🔯 Yes 🔲 Are you now under the influence of an alcoholic beverage Yes 🔲 Yes 🔲 No B Charles Carriga Decoased e of mother (if deceased, so state), ce of mother (State or foreign country)... Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirma acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS above HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-16-91 , authorizing the marriage of James Clark Ludlow $_$. I further certify that the following marriage certificate was filed in my office: and Anna Jo Carrigg
Rev. Harold L. Leininger _ (name), certify that on _ (date), at Brownsburg _ County, Indiana,_ __ County Indiana Indiana James Clark Ludlow - of Hendricks Hendricks _(state), and _ ___ County ____ HENDRICKS (state) were married by me as authorized Anna Jo Carrigg under a marriage license that was issued by the Clerk of the Circuit Court of

Signed by: /s/ Rev. Harold L. Leininger

Pastor _County, Indiana, dated _ (official designation) 10-17-91 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

THE

File .

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ⊠ Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Bonald Steamoller, MD
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle . Last
Band Anchaed Thones	Jean Marie Medonia
Date of Birth Month Day Year 5	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
14 Celar oun Dr. Brownshing, Hendrich, on.	Dane :
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
sst Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
The state of the s	- Constitution of the same of
. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ◯ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Througher Scott
(a) Full name of applicant's father Saul Donavan Money	6. (a) Full name of applicant's father David Peter Medonia
(If adopted, list adoptive parents only) Residence of father (if deceased, so state).	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Carolina
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Wanda Fage Crosby	(b) Full maiden name of applicant's mother Nelen Elizabeth O'Don
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) S. Carolina
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Day Michael Montes & 11-91	immune deficiency syndrome).
ignature of Applicant	Signature of Applicant Som M. Modernes Date 3-16-91
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) ss: I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Winner Winner Winner Signed Winner Win	County of HENDRICKS in this application is true and correct.
New Address 811 Broken Son Frail apt 321	Signed A. Vuodovuo
ubscribed and sworn to before me this 16th day of Quonst, 19 91	Subscribed and sworn to before me this 16th day of Quant 19 91
Connie Fawson Clerk of the HENDRICKS Circuit Court	Connie Fawien Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN (e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs.	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	we, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) #FINDICKS SS:	State of Indiana)
ounty of HENDRICKS	County of
atherID #	FatherID #
ubscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
ated 8-16-91 , authorizing the marriage of	
Rev. Wilfred E. Day	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-28-91
date), at Brownsburg	(name), certify that on to
Paul Michael Money of Hendricks	County Indiana (state), and
Jean Marie Medonis of Hendricks Co	ounty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-28-91
igned by: /s/ Rev. Wilford E. Day	
iled and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Comie Lawson Clerk
	Ciera
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Clerk _Circuit Court

144

No.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HENL	DRICKS County File
	8-16-91 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 I If No, Medical Examination or Report Dated Name of Physician Report Name Name
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth World West Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
R.R. 1 Day 12 Stilewille, Hendricha, In.	R. R. 1 Box 12 Stileaville, Hendricks, In
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 83	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Q Other (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note: The property of th	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes □ Are you now under the influence of a narcotic drug? No Yes □	Are you now under the influence of an alcoholic beverage? Are you now under the influence of a parcotic drug? Are you now under the influence of a parcotic drug? No Section 1.
5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No. List the full names of any dependent children.
6. (a) Full name of applicant's father Oral Wallace	6. (a) Full name of applicant's father William Therman Bent
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) A, Courolina
(b) Full maiden name of applicant's mother Conna Brating Dresson	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother And Fon Colle
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Indiana	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) Bobby M. Wallace Date 8-16-9/	I acknowledge that I have received information regarding dangerous communicable diseas that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir immune deficiency syndrome). Signature of Applicant Signature of
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the abo acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS Signed, Si	County of HENDRICKS ss: Is swear/affirm that the information give in this application is true and correct the signed XIII and the information give in this application is true and correct the signed XIII and the information give in this application is true and correct the signed XIII and the information give in this application is true and correct the signed XIII and the information give in this application is true and correct the signed XIII and the information give in this application is true and correct the signed XIII and the information give in this application is true and correct the signed XIII and the signed XII
Subscribed and sworn to before me this 16 th day of Quant 19 91 Connie Court Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 16 th day of Guardet, 19 91 Connic Dawson Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
COMPLETE IE MARRIAGE LIGENOS ISQUED DE CONTROL DE CONTR	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County authorize	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cledated8-16-91 authorizing the marriage of B	rk of the Circuit Court of HENDRICKS Court L. L.
andTina Marie Bentley	I further certify that the following marriage contifeate was fled in
,	(name), certify that on 8-27-91
aute), atCoatesville	in Putnam County Indiana
Bobby M. Wallace of Hendricks	County Indiana (state) and
of Hendricks Cou	nty <u>Indiana</u> (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Malcolm R. Neier	County, Indiana, dated 8-27-91
Filed and recorded in accordance with the laws of the State of Indiana on	(official designation)

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDE	DICKE	1
HENDR	County File R - 19	-91
	Date of Appl	
2 of 7 of Francishing folios information upon applying for license	Female Applicant 50 No Yes	
2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 8 -	3-91
ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Name of Physician Dr. Junothy Archal	0,00
	FEMALE APPLICANT	
MALE APPLICANT ame A First Middle Last	FEMALE APPLICANT Name First Middle Y Last	0.1
ate of Birth Motin Vaine Treeman Year	Date of Birth Wan Day Yea	art to the
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)	
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County	State
3236 Dix Boints BD. agt. 10 Onlyle, Hendrudson	Previous Marital Status: Never Married OR No. of Previous Marriages	
revious Marital Status: Never Married OR No. of Previous Marriages	Last Marriage Ended By: Death Divorce Annulment	Date
ast Marriage Ended By: Death Divorce Annulment Date	7 × ×) :
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)	Xcense
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?	No X Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?	No Yes Ves Ves
Are you related to the female applicant closer than second cousin? Not Yes	Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage?	No X Yes 🗆
Are you now under the influence of an alconolic deverage? No Yes Yes	4. Are you now under the influence of a narcotic drug?	No Yes 🗆
List the full names of any dependent children.	5. List the full names of any dependent children.	
		12,00
(a) Full name of applicant's father John Francos Treeman	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	2 Author
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	ajo
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	chex Pa
(b) Full maiden name of applicant's mother Sous Sarah Halper	(b) Full maiden name of applicant's mother (if adopted, list adoptive parents only)	Jean on
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state).	Besidence of mother (if deceased, so state)	iana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	tucky
	I acknowledge that I have received information regarding dangerous co that are sexually transmitted, and a list of the test sites for the virus that	
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature.	Date 8-19-
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant	Date 8-19-
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court	Date 8-19- signature to the abo
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Signed AUNTH THE VIRUS AIDS (Acquired to virus that causes AIDS (acquired to the virus	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Signed Signed	Date 8-19- signature to the about that the information gives
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Aday of August	Date 8-19- signature to the abo Date that the information give cation is true and corre
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Signed AUNTH THE VIRUS AIDS (Acquired to virus that causes AIDS (acquired to the virus	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address	Date 8-19- ignature to the abo Date that the information give cation is true and corre
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 19 the day of Supplies that the size of the virus that the virus th	Date 8-19- ignature to the abo Date that the information give cation is true and corre
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that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Source Clerk of the HENDRICKS Subscribed and sworn to before me this I the parent unnecessary CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of high marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ID #	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed Clerk of the HENDRICKS Subscribed and sworn to before me this 19th day of HENDRICKS Consent of Parents of this applicant, hereby give consent for this marriage. If state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sate of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of A marriage license having been refused to the above nates and directs the issuance of a marriage license to the above said free the Circuit Court of Gary Wayne Freeman I further certify that the following marriage certificate was (name), certify that on 9-14-91 Marion County, Indiana,	Date 8-19- dignature to the about that the information give cation is true and correction only one parent signature of the parties, the parties of the part
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant	that are sexually transmitted, and a list of the test sites for the virus that immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or si acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Gary Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sate of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of the above nate of the consent of a marriage license to the above of a marriage license to the above of the Circuit Court of HENDRICKS SEAND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS Gary Wayne Freeman I further certify that the following marriage certificate was (name), certify that on 9-14-91 Lim Marion County, Indiana, (state), and (state), and (state) were married by county Indiana (state) were ma	Date 8-19- dignature to the about that the information give cation is true and correction only one parent signature of the parties, the named parties of the county, Indiana filed in my office the second of the county of the c

Circuit Court

HENDI	No. 443
RENDI	File 8-19-91 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 X Yes If No, Medical Examination or Report Dated 8-16-91 Name of Physician An, Thickas Theology, MD
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 29	Name Carcol Date of Birth Mofalb Day Place of Birth (State or foreign country) Residence Address Street or R.R. City OR No. of Previous Marriages Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Other (Specify) If answer is "yes," has the adjudication been removed? Are you now under the influence of an alcoholic beverage? No. Yes Are you now under the influence of an alcoholic beverage? No. Yes State County State County State County State Annulment Date Date Other (Specify) Divorce Annulment Date Other (Specify) Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes 3. Are you related to the male applicant closer than second cousin? No. Yes 4. Are you now under the influence of an alcoholic beverage? No. Yes State Other (Specify) No. Yes No. Yes No. Yes State Annulment No. Yes No. Yes No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State No. Yes No. Yes No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic beverage? No. Yes State Are you now under the influence of an alcoholic
(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 Ethel Magazine (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	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	Signature of Applicant Cardy Date 8-19- The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 19 to day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Cardyn 5. His application is true and correct. New Address Subscribed and sworn to before me this 19th day of August, 19 91 Conne Fauren Clerk of the HENDRICKS Circuit County
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of
and filed in, authoriz	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated 8-19-91 authorizing the marriage of	lark of the Circuit Court of HENDRICKS County Indiana.
(date), at Fillmore Michael W. Wise of Hendricks	in Putham County, Indiana,

(date).

Clerk

_Circuit Court

Signed by: /s/ Robert E. Jones
Filed and recorded in accordance with the laws of the State of Indiana on_

444

_Circuit Court

HENDI	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes If No, Medical Examination or Report Dated Name of Physician August Modern Mo
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Brian Beith Outler	Date of Birth Month Day Year
Date of Birth Month Day Year S 22 69	4 78 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Periodopo Address Street or B.B. City County State
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ♥ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: ABirth Certificate Cother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Marshall Preston Butler	6. (a) Full name of applicant's father William Leron armstrong
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) and and
(b) Full maiden name of applicant's mother Corol Jon Mitchell	(b) Full maiden name of applicant's mother Dearogena Tray Landen
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date 4/1/1	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Signed New Address State of Indiana I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 20th day of Charact, 19 91 Connic Saure Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 20th day of August, 19 91 Connie Frances Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 8-20-91, authorizing the marriage of	Brian K. Bulter
and Billie Jo Armstrong	I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-24-91
	in Greene County Indiana
	_ tri country, manura,
Billie Jo Armstrong of Hendricksq Co	ounty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rev. Michael J. Seaney Filed and recorded in accordance with the laws of the State of Indiana on	F HENDRICKS County, Indiana, dated 8-24-91 Pastor (official designation) 8-27-91 (date).
Thea and recorded in accordance with the taws of the state of Indiana on_	C C C C C C C C C C C C C C C C C C C
	Signed Clerk HENDRICKS Circuit Court

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

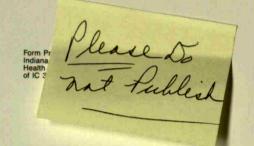
HEND	No. <u>닉닉5</u> PRICKS County File
	8-20-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Day Year Day Year Day Year Day Year Day	Name Second Seco
(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 \$ 20.9/	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Signed Revision of the Address Subscribed and sworn to before me this 20th day of HENDRICKS Subscribed and sworn to before me this 20th day of HENDRICKS Circuit County County County County County County Circuit County County County County County County County County Circuit County
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana County of
	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated 8-20-91, authorizing the marriage of andSandra Jean Rickert I,Gary a. Dworak (date), atBrownsburg	EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Robert Allen Wright I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-22-91 in Hendricks County, Indiana,
Canada T. Dialant	County Florida (state), and

Filed and recorded in accordance with the laws of the State of Indiana on 8-28-91

446

HENL	DRICKS County File
	8-22-91 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 I
MALE APPLICANT	FEMALE APPLICANT
Name Brichard Edward Hite	Name Charlotte Mae Chumler
Date of Birth Month Day Year 5 25 22	Date of Birth Month Day Year & 27
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) Residence Address Street or B.R. City County State
411 S. The Kinden, Morth Solem, Hendricks, In.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 88	Last Marriage Ended By: Death Divorce Annulment Date 89
Date of birth verified by: Birth Certificate Dother (Specify) Drivers Tycense	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	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No X Yes Yes Yes Yes ✓ Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Yes	Are you related to the male applicant closer than second cousin? No Yes □ Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug? No√ Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6 (a) Full some of explicatily father & in a 1 in a	70 0 50 00
6. (a) Full name of applicant's father Suchard Herory Hites	6. (a) Full name of applicant's father 3 Love Sanders (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Rear Harriet Smith	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Fintucky
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applicant X Crohard E. Hitts Date 8-22-91	Signature of Applicant Charlette Chemley Date 8-32-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information give
County of HENDRICKS SS:	County of HENDRICKS ss: in this application is true and correct
Signed X trickart & Hits	Signed Scharlatte Chumlus
Subscribed and sworn to before me this 22nd day of Outstat , 19 9	New Address Same Subscribed and sworn to before me this 22 nd day of Quant, 19 9/
Connuction Clerk of the HENDRICKS Circuit Court	Connie Foursen Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana	Charles of Indiana
County of HENDRICKS ss:	State of Indiana County of HENDRICKS ss:
Father ID #	FatherID #
MotherID #	MotherID #
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 22nd OF AUGUST 91, authorizing the marriage of	RICHARD E. HÎTES
and CHARLOTTE M. CHUMLEY I, KENNETH R. PAQUIN	I further certify that the following marriage certificate was filed in my office (name), certify that on 8-24-91
(date), atNORIH_SALEM	in HENDRICKS County, Indiana,
CHARLES OF HENDRICKS	County IN(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	State were married by me as authorized
Signed by: /s/ KENNETH R. PAQUIN	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-24-91 (date).

_ Clerk Circuit Court



HENDRICKS County No. 449

File 8-22-9/

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

Female Applicant 50 If No, Medical Examinat	No X	Yes □	8-15-91
If No, Medical Examination Name of Physician	Jon :	Tisch	,M.D.

MALE APPLICANT	FEMALE APPLICANT
Name Michael anthony Porsoni	Name L. First Middle Last
Date of Birth Month Day Year O	Date of Birth Month Day Year
Place of Birth (State or foreign/country)	Place of Birth (State or foreign country)
Residence Address On Street or PPR. City A County A State	akran, Oh.
63613 Crystal Spr. Dr. Plfd. In 46168	Residence Address Systet or R.R. State Sta
Previous Marital Status: Never Married DK OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	
	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Softher (Specify) Muslis' Lie.	Date of birth verified by: Birth Certificate Definer (Specify) Dugles fre.
Are you now or have you ever been adjudged to be of unsound mind? N∂ ∀es □	Are you now or have you ever been adjudged to be of unsound mind? Net Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Note: Yes:	3. Are you now under the influence of an alcoholic beverage?
List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No. Yes List the full names of any dependent children.
	5. List the foll flames of any dependent children.
<u> </u>	
(a) Full name of applicant's father Rugene Pageau	6. (a) Full name of applicant's father Jahn arthur Splex
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Such Dend, Un. Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Mary an Vitaer	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Barbara Waleden
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Auth Bend In	Residence of mother (if deceased, so state) Ondols, J.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Ohio
ACKNOWLEDGMENT acknowledge that I have received information pegarding dangerous communicable diseases	ACKNOWLEDGMENT
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
nune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
gnature of Applicant // MMW . V 34W Date 8/22/9	Signature of Applicant I say I do a Date 8/22/9/
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs. erk of Court Date	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unity of HENDRICKS SS: On in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Mulling a. Poply	Signed frea 1. dees
New Address Same day of Qua 19 9/	New Address 636/ Crystal Springs In.
time daws Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of the HENDRICKS
	Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana	
inty of HENDRICKS ss:	State of Indiana) Countried HENDRICKS SS:
nerID #	County of TENDRICES
her ID #	Pather
oscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
MPI FTE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the
d filed in authoriz	es and directs the issuance of a marriage license to the above named parties.
	and and the issuance of a marriage needse to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
Lisa Sydam Spees, authorizing the marriage of	Michael Anthony Pozsgai
Rev. William F. Stineman	- The state of the
tte), at Indianapolis	in Marion County Indiana
ichael Anthony Pozegai & Hondricks	T-3: County, Indiana,
isa Suydam Spees of Marion Con	unty Indiana (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 8-31-91
ned by: /s/ Rev. William F. Stineman	, Catholic Priest (official designation)
ed and recorded in accordance with the laws of the State of Indiana on	9-4-91 (date).
	\circ
and the second s	Signed Clerk Clerk

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

448

HENI	DRICKS County File
	8-22-91
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 8-22-9/ Name of Physician 7. Archive M.P.
C 31-7-3 commits a Class D felony.	Name of Frigorous 1
MALE APPLICANT	FEMALE APPLICANT
me First. 9 1: Middle The Last	Name Middle Middle
the of Birth Month Day Year 6 9	Date of Birth Day Year
sidence Address Street or R.R. City County State	Residence Address , Street or R.R. Cip Gounty State 1
2371671 F Dinelle, In.	1423 W Yale In Schaumburg,
OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Steel Specify Drugers Liv.	Date of birth verified by: Birth Certificate Other (Specify) Passport
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an aiconolic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Jahn Richard Hauden	6. (a) Full name of applicant's father and Rabert Rull
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Schaumburg, II.
Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Marily Ran Vingil	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and the three functions of the state of the
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Danvelle In	Residence of mother (if deceased, so state) Schumburg. II.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Macyliad
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
mune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
mature of Applicant Daniel V Huyde Date 8-22-91	Signature of Applicant Gooding M. Ruff Date 8-22-91
e above applicant has objected to verifying by oath or affirmation or signature to the above	The state of the s
knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
te of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unty of HENDRICKS SS: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct.
Signed Daniel V. Hayd	Signed from n. Kuff.
New Address oscribed and sworn to before me this 2214 day of Quy , 19 9/	New Address P.O. Box 601 Cedarvice, OH 45
Anie derson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 22 and day of aug , 197/
	On the contract of the contrac
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lates which make the consent of the other parent differensisting
e of Indiana) set of HENDRICKS ss:	State of Indiana)
my or	County of
er	FatherID #
scribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
d filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Cl	
$-\frac{8-22-9}{2}$, authorizing the marriage of $-\frac{1}{2}$	Daniel Virgil Hayden
Yvonne Marie Ruff	. I further certify that the following marriage certificate was filed in my office:
Rev. George W. Curry	(name), certify that on 8-24-91
	inHendricks County, Indiana, _ County Indiana (state), and
Yvonne Marie Ruff of Cook Co	ounty Illinois (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of	f County, Indiana, dated8-24-91
and recorded in accordance with the laws of the State of Indiana	, Pastor (official designation)
ed and recorded in accordance with the laws of the State of Indiana on_	8-27-91. (date).
	Signed Consis Laures
	Signed Clerk HENDRICKS Circuit Court
E COBMO & CVOTCUE + AND SER ATOR 1477	- Circuit Court

Circuit Court

No. 449

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

	8-22-9/ Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use 18-9-9/ If No, Medical Examination or Report Dated 8-9-9/ Name of Physician A. Stegemaller, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Al Middle bli A Last	Name First Middle Last
Date of Birth Month Day Year //	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street, Or R.R. City County State O	Lebann, In.
Pet #5 Bax 163 Greenestle In.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
- / 0-	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sther (Specify) Durilli Lu.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Now Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No. Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
i. (a) Full name of applicant's father Wardraw & Lincher	6. (a) Full name of applicant's father Llayd Frederick Kil
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother through the same of applicant t	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother That the William Should (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Chaudele, In	Residence of mother (if deceased, so state) Stileswille In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Jalien
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
learning deficiency and desired	immune deficiency syndrome),
Signature of Applicant Samos Franklin Function 8-22-1	Signature of Applicant Karen Kay Corapae Date 8-22-9.
The above perlices has abjected to write to the second sec	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given ss:
Signed Sames Franklin Fine hum.	County of HENDRICKS in this application is true and correct. Signed Karen Kay Cooper
New Address Box 122 Steleville and.	New Address Same
Subscribed and sworn to before me this 23 day of acces. 19 91.	Subscribed and sworn to before me this 22 day of august 19 91
Connectaure Clerk of the HENDRICKS Circuit Court	Carrie Tawanclerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
itate of Indiana) South of HENDRICKS ss:	State of Indiana)
county of MENDICES	County of
ather ID # ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
	and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-22-9) , authorizing the marriage of	
	. I further certify that the following marriage certificate was filed in my office:
date), atStilesville	in Hendricks Gounty Indiana
James F. Finchum of Putnam	County Indiana (state) and
Karen Kay Cooper of Hendricks Con	unty Indiana (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-14-91
igned by: /s/ Malcolm R. Neier	,
iled and recorded in accordance with the laws of the State of Indiana on	9-30-91 (date).
	C 2
	Signed Tome Dawson Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

File

County

	8-22-9 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated 8-20-91 Name of Physician Michael S., Brothe, M.O.
MALE APPLICANT	FEMALE APPLICANT
Name Keith Edward Crosland.	Name Sherri Jo Denise Corne
vate of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
6430 E, 100 Aorth, Danville, Hendric Cos, In., revious Marital Status: Never Married OR No. of Previous Marriages	- Dane
	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 6-12-81	Last Marriage Ended By: Death Divorce Annulment Date 8 - 78
ate of birth verified by: Birth Certificate Other (Specify) Wives License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No S Yes S	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
List the full names of any dependent children. Brian Keith Crossland,	5. List the full names of any dependent children. Michaelle Brooks
Thorshald allen trassland	Cone
(a) Full name of applicant's father Deorge Collen Crosoland	6. (a) Full name of applicant's father Howard allu Coffee
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) In June 1	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother atrucio Slene Berry	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Thomas are dillion Blane
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ignature of Applicant X Keich E. Classificant Date 8-22-91 the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Just Date	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	Date
ounty of HENDRICKS Signed Ketth E Resplication is true and correct. New Address Some	State of Indiana County of HENDRICKS Signed Signed Only Of County of New Address
become Survey Clerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this 22nd day of august, 19 91 Cennie Townson Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) Secondary of HENDRICKS SS:	State of Indiana) HENDRICKS SS:
bunty of RENDRICKS	County of
other	Father ID # ID #
bbscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
ated, authorizing the marriage of	Keith E. Crossland
	I further certify that the following marriage certificate was filed in my office:
late), at Avon, Washington Township	(name), certify that on 10-5-91 in Hendricks County, Indiana,
Keith E. Crossland of Hendricks	County (state), and
Sherri Jo Corne of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized
igned by:	Ks, Minister (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	(date).
	Signed Comie Fawson Clerk
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

____ Clerk _Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 451
HEND	ORICKS County File
	8-22-91 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 A Company of Management of Physician Name of Physici
MALE APPLICANT	FEMALE APPLICANT
Name Michael Bruce Dickerson	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year 8
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Blowng. County State	Residence Address Street or R.R. City County State 7615 Maloney R.D. Brownshry, Hen Driebs, In
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages
2	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Quiter (Specify)	Date of birth verified by: Birth Certificate Cother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No√√ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Raine & Ciny	2 2 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. (a) Full name of applicant's father Revald Eugene Gullerian (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Ferry Saul Celthoff (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Putabox Ind.	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother July L. Henrig	(b) Full maiden name of applicant's mother Every Brese allneal (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Amulaul B Dudlers Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Multiple B Duferson New Address Subscribed and sworn to before me this day of HENDRICKS Clark of the HENDRICKS Clark of the HENDRICKS	State of Indiana County of HENDRICKS Signed Letth A. Atthough New Address Subscribed and sworn to before me this 22 MS day of Characters, 19 9
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) ss:
Father ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS. I certify that there was filed in my office a marriage license issued by the Cle dated8-22-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
and Ruth Ann Atthoff	I further certify that the following marriage certificate was filed in my office:
I, Rev. Wilfred E. Day (date), at Brownsburg	(name), certify that on 9-14-91
	_ in _ Hendricks County, Indiana, County _ Indiana (state), and
Ruth Ann Atthoff of Hendricks Con-	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Wilford E. Day Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County, Indiana, dated 9-14-91 , Catholic Priest (official designation) 9-16-91 (date).

HENDRICKS

County

452

8-23-91 Date of Application

_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Alexa Constant No.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Honey Oay Year	Date of Birth Month Day Year
8 30 49	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Indiana
Residence Address Street or R.R. City County State P. O. Boy 312 Outto Prora Hendric Co., In.	Residence Address Street or R.R. City County State 22487 Kingshura On . Rittsboro, Hendricks,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date 10-30-81
0 0 0	2 4 5 9.
Date of birth verified by: Birth Certificate Other (Specify) Other Specify	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Notify Yes Yes
4. Are you now under the influence of a narcotic drug? Note: Yes:	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. amic M. Conwell,	5. List the full names of any dependent children. John Jum Broach,
Mathanial E. Conwell	Jeffery alon Brach, Julie
6. (a) Full name of applicant's father Thank & Convell	6 (a) Full name of applicant's father Harry W. Snoke
6. (a) Full name of applicant's father Tanks (if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thomas
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Aladys M, Hardin	(b) Full maiden name of applicant's mother Atta C. Hook
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Shorana
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). (2)	immune deficiency syndrome)
Signature of Applicant \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Signature of Applicant Lance 6. Houch Date 8/23/91
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and correct.
Signed & Gregory a. Conwell	Signed & Janus E. Cloack
New Address Subscribed and sworn to before me this 23/02 day of Charact. 19 91	Subscribed and sworn to before me this 2312 day of Canada 19 9
Subscribed and sworn to before me this 2000 day of Change 19 HENDRICKS Circuit Court	Connection Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state racis which make the consent of the other parent differences y	
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS
Father	FatherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN.	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Tlerk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-23-91 , authorizing the marriage of _	Gregory A. Conwell
and Janice E. Roach Keith H. Kirk	I further certify that the following marriage certificate was filed in my office:
/, Keith H. Kirk (date), at Indianapolis	in Marion County, Indiana,
Gregory A. Conwell of Hendricks	County Indiana (state), and
Janice E. Roach of Hendricks C	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 9-7-91
Signed by: /s/ Keith H. Kirk	
Filed and recorded in accordance with the laws of the State of Indiana on_	
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court

____ Clerk _Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

그 이 바다다가 하면 내가 없는 하셨다면 어린다. 하나 있는데 나는 다	No. 453
<u>HEND</u>	RICKS County File
	8-23.91 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 19 Yes III If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last .	Name • First Middle Last
Date of Birth (State or foreign country) Date of Birth (State or foreign country)	Date of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address _ Street or R.R. City County State
21/3 Water Bar Dr. Indpls. Hendrich &.	Hesitatice Address Street of H.A. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 5-9	Last Marriage Ended By: Death Divorce Annulment Date 5 - 91
Date of birth verified by: Signature Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
8:1101	
6. (a) Full name of applicant's father Richard Paul Grin Sr. (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father John E. Rob-ents (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Subjects. The	Residence of father (if deceased, so state) Louton TO
(b) Full maiden name of applicant's mother Sharon Sue Harding	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother berraine Moore
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) 100 Sirthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant X Michael A Robbeth Date 8/23/4 The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Day County of I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed X Michael A. Roberts I swear/affirm that the information give in this application is true and correct
Subscribed and sworn to before me this 23 day of HENDRICKS 19 11 Circuit Court	Subscribed and sworn to before me this 23 day of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS ss:
Father	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cle dated 8-23-91 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana.
andMichelle A. Roberts	I further certify that the following marriage certificate was filed in my office.
(date), at Danville	in Hendricks County, Indiana.
Michaella & Baharta of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Cynthia J. Spence	HENDRICKS County, Indiana, dated 8-23-91 1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	8-23-91 (date).

Signed

HENDRICKS

County

454

_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🖟 Yes 🗆 If No, Medical Examination or Report Dated 8-23-91 Name of Physician S. Surbhaldon, M.O.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle 0 Last
Date of Birth Month Day Year Year	Date of Birth Month Day Year
8 30 65	Month Day Year 66
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.B. City County State .
B. R. 18 Box 363 InOpila Hendricky, In	206 S. Freen St. Brownsburg Hendrich
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Na. Yes.
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Eith ages of applicable in Table & Page 4	0 00 1 1 1
6. (a) Full name of applicant's father Jerry Lynn Clauston	6. (a) Full name of applicant's father Sonal W. Stanley
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Cherul Lyam Wollen welver	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sita & Praga
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Jaw 7. Class too Date 8-23-51	immune deficiency syndrome. Low And Ata Man 18-2.
Signature of Applicant Date 8-25-71	Signature of Applicant Dulan, Stable of Date 8 33
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	Cierk of Court Date
State of Indiana) swear/affirm that the information given	State of Indiana)
County of HENDRICKS in this application is true and correct.	County of HENDRICKS (SS:) in this application is true and correct.
Signed Lylin - Clayton	Signed Signed State of State o
New Address Same	New Address
Subscribed and sworn to before me this 23 10 day of Wahst, 19 91	Subscribed and sworn to before me this 23 nd day of Charlet, 19 91
Cornie Jawson Clerk of the HENDRICKS Circuit Court	Comme Tours Clerk of the HENDRICKS Circuit Court
CONCENT OF PAPENTS PAPENT OF CUARDAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Sales also when make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	Crate of Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	County of)
MotherID #	
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
PETURN OF MARRIAGE LIGHT	SE AND MARRIAGE CERTIFICATE
Certify that there was filed in my office a marriage l'amont de la	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clated 8-23-91	John Todd Clayton HENDRICKS County, Indiana,
dated, authorizing the marriage of andRonda Lee Stanley	
Robert Tibbs	. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-30-91
(date), at Brownsburg	Handrie III
J. Todd Clayton of Marion	County, Indiana
Ponda I Charles Undais	(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Robert Tibbs	Reverend (afficial designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-6-91 (date).
	(aute).
	Signal Con as to
	Signed Clerk HENDRICKS Circuit Court

455

8-23-91

Circuit Court

No.

County

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes I If No, Medical Examination or Report Dated 8-23-91 Name of Physician A.D.
MALE APPLICANT	FEMALE APPLICANT
Name Place of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages	Name Belling Middle Last Date of Birth Month Day Veer Flace of Birth (State or foreign country) Residence Address Street or R.R. City County State Frevious Marital Status: Never Married FOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8 - 88 Date of birth verified by: Birth Certificate Other (Specify) Drives Jucense	Last Marriage Ended By: Death Divorce Annulment Date 10-16-8 Date of birth verified by: Birth Certificate Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes Yes Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Helen (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Source D. Flemming (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Wish Jermany
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test effect for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS August A	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 3500 day of Guarant, 19 9 I Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS) ss: Father ID #	State of Indiana) ss: County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	学生工作的人们的创新的,在这种种种的特别的对象的。
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
(date), at Indianapolis David J. Minkner of Hendricks Bellinda S. Chappel of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Gary W. Huffman	rk of the Circuit Court of HENDRICKS County, Indiana, David J. Minkner
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Comic Sawan Clerk HENDRICKS Circuit Court

HENDRICKS

456

Circuit Court

No.

File _

_ County

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Solarr, MO
MALE APPLICANT	FEMALE APPLICANT
Place of Birth (State or foreign country) Alame First Middle Bancle or Wear Last Place of Birth (State or foreign country)	Name First Middle Date of Birth Month Bay Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Vesidence Address Street or R.R. City County State V. D. County State V. D. County State V. D. County State City County State City County State City County State OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date Sale of birth verified by: Sirth Certificate Other (Specify) Drivers Science	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Other (Specify) Drivers League
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sally (if adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Role Eugene Science (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)
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Date 8/93/9/ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 23 NO day of Output Described and sworn to before me this 25 NO day of Output Described and sworn to before me this 25 NO day of Output Described and sworn to before me this 25 NO day of Output Described and sworn to be output Describ	State of Indiana County of HENDRICKS Signed X Muchelle A. Lucas New Address Subscribed and sworn to before me this 2312 day of Gugust 19 91
Come Round Clerk of the HENDRICKS Circuit Court	Carrie Sources Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS) Ss: Father ID #	State of Indiana County of HENDRICKS Ses: Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	ces and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl dated 8-23-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Thomas D. Barker
and Michele L. Lucas John E. Hopkins	I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91
Thomas D. Barker of Hendricks Michele L. Lucas of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	inParke
	Signed (Official designation) Clerk HENDRICKS Circuit Court

91

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 6-18-90 Name of Physician Or, Kourang MD
MALE APPLICANT	FEMALE APPLICANT
Name Kelly Middle Berisha Date of Birth Day Year	Name Sirst Middle Last Last Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State B. B. I D. Both 28 Clanton Hendrich Indiana	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Drivers License	Date of birth verified by:
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Control E. Perishor (If adopted, list adoptive parents only) Residence of father (if deceased, so state)	6. (a) Full name of applicant's father Homer Stokes, (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 amelia Dauline Haurall (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Settle Samuelland (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Clerk of the HENDRICKS Subscribed and sworn to before me this 26th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this 26th day of Guodist, 19 9 1 Connection of the HENDRICKS in this application is true and correct. Subscribed and sworn to before me this 26th day of Guodist, 19 9 1 Connection of the HENDRICKS Circuit County of the HENDRICKS Circuit Circuit County of the HENDRICKS Circuit Cir
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana County of HENDRICKS Satisfies Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl dated 8-26-91, authorizing the marriage of	K. Dale Perisho
and Lisa D. Stokes I, Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-27-91
(date), atDanville	_ in Hendricks County, Indiana,
K. Dale Perisho of Hendricks Lisa D. Stokes of Hendricks Co	Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Cynthia H. Spence Filed and recorded in accordance with the laws of the State of Indiana on	, Ist Deputy Clerk (official designation)

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

458

File .

HENDRICKS

_Circuit Court

County

	Note of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No X Yes □
A person who knowingly furnishes false information to a clerk of the	Name of Physician Or. Sobert O. Gieler MD
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician St. Sxa-vov S. Cataly No.
MALE APPLICANT	FEMALE APPLICANT
Name Thickas Q Day The Caslin	Name People Anne Lest
Date of Birth Month Day Year	Date of Birth Mooth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
117 Eastern ave. Placed Hendrichs, on	7233 Sycamore Dr. Nanville, Hendrichs, 0
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Control of the second	- Surra o su enas
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	Are you now under the influence of a narcolic drug? List the full names of any dependent children.
1 000 494 80	N 0. +01'10:
6. (a) Full name of applicant's father Howard System McCashin	6. (a) Full name of applicant's father Scott William Seete
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother & ary Jacqueline Stevens	(b) Full maiden name of applicant's mother Elizabeth Owne Ellinge
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Oldrich of Court Date	Oler of Court
State of Indiana) swear/affirm that the information given	State of Indiana) ss: (2) I swear/affirm that the information given
County of HENDRICKS Signed HENDRICKS Signed HENDRICKS Signed HENDRICKS	County of HENDRICKS 100 100 this application is true and correct.
New Address Same	New Address
Subscribed and sworn to before me this 26th day of Change 1, 19 9 HENDRICKS Circuit Court	Subscribed and sworn to before me this 26th day of Quount 19 9 Connie Souwann Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss:
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Mother ID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Michael J. McCaslin
and Peggy A. Leete	I further certify that the following marriage certificate was filed in my office:
	I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91
(date), at Indianapolis Hendricks	inMarionCounty, Indiana,
Michael J. McCaslin of Hendricks Peggy A. Leete of Hendricks Co	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-7-91
Signed by: /s/ Rev. Carl D. Cloeter	
Filed and recorded in accordance with the laws of the State of Indiana on	9-10-91 (date).
	Signed Commis Lawrence Clark

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No. _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL	County File
	8 - 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	Female Applicant 50 No ♥ Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Kasen John
10 01-7-0 commits a class b follows.	
MALE APPLICANT	FEMALE APPLICANT
Name Brian Lee Findley	Name Jodi Lee Kein
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.Rr. City County State	Residence Address C Street or R.R. City 31 County State
207 N. Tefferson Rburg IV	Residence Address Creekwood Dr. Bung IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate - Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes No Yes No Yes No No Yes No No Yes No No No
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcotic drun? No 10 Yes 11
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father Fredrick Lee Findley	6. (a) Full name of applicant's father James Willard, Kein
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father 10 me 5 W 1/4 m, Re I W (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Baying IN
Birthplace of father (State or foreign country) A Laboure (h) Full maiden name of applicant's mother Deep Borbara Ann Wilson	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dra Dor Doro, Mr. Willer (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother that the local distriction (if adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country).	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applicant Aucus Gurally Date	Signature of Applicant Cody RecKein Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	The second secon
State of Indiana) I swear/affirm that the information given country of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information give
Signed X Burow Jumolby in this application is true and correct.	County of PLANTICES in this application is true and correct signed in the supplication in the supplication is true and correct signed in the supplication in the supplication is true and correct signed in the supplication in the supplication is true and correct signed in the supplication in the supplication is true and correct signed in the supplication i
New Address - Ame As Above	New Address
Subscribed and sworn to before me this day of S 19 11	Subscribed and sworn to before up this day of 19 Clerk of the HENDRICKS Circuit Cou
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signi
The same same same same same same same sam	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS 98:	State of Indiana WENDRICKS 55:
County of PENDRICKS Father ID *	County of HENDRICKS 55:
Mother	Father
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cli	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-26-91 , authorizing the marriage of	
I, Rev. Donald Tyler	I further certify that the following marriage certificate was filed in my office (name), certify that on
(date), at Brownsburg	in Hendricks County, Indiana,
Tody Loo Voim	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	isitify isitify were married by me as aumorized
Signed by: /s/ Rev. Donald Tyler	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-18-91 (date).

(date).

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Circuit Court

No DA Yes Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Deven Driver IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT fortune 43 Place of Birth (State or foreign country) Norman Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Annulment Divorce Last Marriage Ended By: Death Date of birth verified by: Birth Certificate (Specify) Wr. Lie Date of birth verified by: Birth Certificate Other (Specify) No 🖾 Yes 🗆 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗌 Yes 🔲 er is "yes," has the adjudication been removed? No 🗆 Yes 🔲 is "yes," has the adjudication been removed? No 🔼 Yes 🔲 No 🗵 Are you related to the male applicant closer than second cousin? Yes 🔲 Yes 🔲 No X Yes 🔲 Are you now under the influence of an alcoholic beverage No D now under the influence of an alcoholic beverage? No 🖸 Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children tortune Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court __ Clerk of Court State of Indiana State of Indiana HENDRICK HENDRICKS Signed Subscribed and sworn to before me this HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _County _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, JAMES HOWARD MILLER 8-27-91 _, authorizing the marriage of _ and MARY KATHLEEN FORTUNE . I further certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE _ (name), certify that on _ 8-27-91 HENDRICKS (date), at ____DANVILLE County, Indiana, JAMES HOWARD MILLER HENDRICKS County ___ _(state), and _ MARY KATHLEEN FORTUNE HENDRICKS (state) were married by me as authorized _ of__ HENDRICKS County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of _ , 1ST DEPUTY CLERK (official designation) Signed by: /s/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on_ 8-27-91 _ (date).

Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File .

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 8-2-91 Name of Physician Year Hearth, Solonyette Sq.
MALE APPLICANT	FEMALE APPLICANT
Name David Soe Iraham	Name Kirst Middle Last
ate of Birth Month Oay Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
101 S. Mebraska, M. Sulem, Hendricks, In.	7276 Davlindo So, Inline Marin In
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Drivers Ocense	Sale of onth verified by. Solith Certificate Coner (specify)
-	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage? No \(\overline{\text{N}}\) Yes □	2. Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes Yes Yes Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father James Robert Drolan	6. (a) Full name of applicant's father Clan See Jusein
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father war of the Tugest (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) The Common States	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Under Jean Mctingie	(b) Full maiden name of applicant's mother Shinley Doalel Wrie
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
	Simplace of mother (State of foreign country)
e above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs.	Immune deficiency syndrome). Signature of Applicant Superative Justice Date 8 27 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
	Date - Da
ate of Indiana I swear/affirm that the information given ss: ounty of HENDRICKS ss: in this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given given the information given the information given the information given given given the information given gi
Signed & David Jol Sackan	Signed X Yun Aymotte Justin is true and correct
New Address	Hell Flodiess Services
escribed and sworn to before me this 27 th day of Charact, 19 91 Annie Sausan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 27th day of Quart, 19 91
Clerk of the Circuit Court	Connie Sauson Clerk of the HENDRICKS Circuit Cour
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
e of Indiana	
inty of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
ner ID #	FatherID #
her ID #	Mother ID #
scribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
	Court, by written order issued
County	
d filed in, authorize	and directs the issuance of a marriage license to the above named parties.
d filed in, authorize	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle and the search of the control of the	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, David J. Grahan
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle 8-27-91 Kim L. Fuzesi County Authorize Authorizing the marriage of	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, David J. Grahan I further certify that the following marriage certificate was filed in my office:
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle 8-27-91 Kim L. Fuzesi Cynthia J. Spence tel, at Danville	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, David J. Grahan I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-6-91
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle ded8-27-91	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, David J. Grahan I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-6-91 in Hendricks County, Indiana, County Indiana (state) and
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle d	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle ed 8-27-91 , authorizing the marriage of 1 Kim L. Fuzesi Cynthia J. Spence te), at Danville David J. Graham of Hendricks Kim L. Fuzesi of Hendricks Coulor a marriage license that was issued by the Clerk of the Circuit Court of	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle ed 8-27-91 , authorizing the marriage of	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of
RETURN OF MARRIAGE LICENS Triffy that there was filed in my office a marriage license issued by the Cle A	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of
RETURN OF MARRIAGE LICENS ertify that there was filed in my office a marriage license issued by the Cle ed 8-27-91 , authorizing the marriage of I Kim L. Fuzesi Cynthia J. Spence te), at Danville David J. Graham of Hendricks Kim L. Fuzesi of Hendricks Coulor a marriage license that was issued by the Clerk of the Circuit Court of med by: /s/ Cynthia J. Spence ed and recorded in accordance with the laws of the State of Indiana on	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of

HENDRICKS

No.

Circuit Court

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 18. Yes I If No, Medical Examination or Report Dated 7-24-91 Name of Physician Tones Tones M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Saathoff Date of Birth Day Year 2 28 6 1	Name First Middle Clast Onn One One One One One One One One One
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 710 Maple Im. Moraresville, Moragan, In.	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 416 Eaglecrest Dr. Brownslass, Hindriche,
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annuiment Date	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Dase
Date of birth verified by: Birth Certificate Sother (Specify) Drivera License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Silly V. Ornolo (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 modern S. Sottles (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 list of the test site for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3.30-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that cause ADS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that cause ADS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Class of the day of County of Subscribed and sworn to before me this 27th day of HENDRICKS Circuit County State of Indiana I swear/affirm that the information given in this application is rue and correct. Signed Address Subscribed and sworn to before me this 27th day of County to Paragraphic Clerk of the HENDRICKS Circuit County Circuit County Connuc Saves of Clerk of the HENDRICKS Circuit County Connuc Saves of Clerk of the Connuc Saves of County County Connuc Saves of County
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) County of HENDRICKS) SS:
FatherID #	Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated8-27-91, authorizing the marriage of andReana A. Arnold I,Carl P. McMurray	I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-5-91
Tony Saathoff of Morgan	_ inHendricks County, Indiana, County Indiana (state), and
Reana Arnold of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Carl P. McMurray	mty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 10-5-91 Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Cornie Lawson Clerk HENDRICKS Circuit Court

HEND	RICKS County File
	8-28-91
	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 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year Place of Birth (State or foreign country) Residence Address Street or B.R. City County State	Date of Birth Date of Birth Day Place of Birth (State or foreign country) Residence Address Street or R.R. City County State County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7-19-91	Last Marriage Ended By: Death Divorce Annulment Date 6.30
Date of birth verified by: Birth Certificate Dother (Specify) Or . Lie	Date of birth verified by: Sirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Robert Ray Edena (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 08-28-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Xbulleam D. Faulker New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Advantage of the Advantage of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	William D. Faulkner II
and Tammy E. Anderson David Kovalow-St. John	$_$. I further certify that the following marriage certificate was filed in my office. $_$ (name), certify that on $_$ 10-5-91
(date), at 2.30 P.M. in Pittsboro	in Hendricks County, Indiana,
William D. Baullenam II a Handwishe	Indiana

Indiana

Minister

10-8-91

HENDRICKS

(date).

County _

(state) were married by me as authorized

_Clerk Circuit Court

_County, Indiana, dated __

(official designation)

of Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: _/s/ Rev. Dave Kovalow-St. John

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

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 Or, On Kerner, MD
MALE APPLICANT	FEMALE APPLICANT
Name Roman Place of Birth (State or foreign country) Name First Middle Yac Vear 19 63	Name First Middle Last Date of Birth Month Day Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 7 190 State & D. 267 91 orth, Brownshing, Hend., Sn. Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 5545 Previous Marital Status: 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	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? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Donald Joseph Yangel (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 Satruceaducille Benner (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) Aciana	6. (a) Full name of applicant's father Wilford anthony Hartman of (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother than they brink cetter (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Same do allowers New Address Subscribed and sworn to before me this 28 the day of arrange of the HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Will a law and correct. New Address Subscribed and sworn to before me this 28 4 day of Luguet 19 9 Connection of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID # Mother ID # Subscribed and sworn to before me this day of, 19 Clerk	State of Indiana) ss: County of HENDRICKS) ss: Father
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 8-28-91, authorizing the marriage of	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
andJulie A. Hartman I,Father Charles Sean Chesebrough (date), atMary Queen of Peace - DanvilleRonald J. Nagelof_ Hendricks	I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91 in Hendricks
Julie A. Hartman of Marion Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Fr. C.S. Chesebrough Filed and recorded in accordance with the laws of the State of Indiana on	unty Indiana (state) were married by me as authorized
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	Signed Comme Clerk HENDRICKS Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 3-30-9 v Name of Physician Date Deuga Calmbusch Mo
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Daviele Engine Tharsh	Date of Birth Date of Birth Day Year
Date of Birth Month Day Year 15 69	4 9 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married & OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Druvers Sucesse
Are you now or have you ever been adjudged to be of unsound mind? No☆ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Barry Engene Marsh	6. (a) Full name of applicant's father tended Swain
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Canal Canal Bland	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Branda Provide Thomas
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Programa
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACCUPANT FROM FOR
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). And A	immune deficiency syndrome).
Signature of Applicant Daniell EMarsl Date 8/28/91	Signature of Applicant X halffel Sool Date 8-28-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Danell E Marsh	Signed X Jalyerie Swan
New Address 5477 B Village Dreen Ct. Legre	New Address Subscribed and sworn to before me this 28th day of Change 1, 19 9)
Subscribed and sworn to before me this 28th day of about 19 91 Hants Cornie Fausen Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 20 hay of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 8-28-91, authorizing the marriage of	Prk of the Circuit Court of HENDRICKS County, Indiana, Darrell Eugene Marsh
	I further certify that the following marriage certificate was filed in my office:
I, Rev. Dave Kovalow-St. John	(name), certify that on9-21-91
(date), at Lizton	_inHendricksCounty, Indiana,
Darrell Eugene Marsh of Hendricks	
Katherine Michele Swain of Hendricks Country of the Circuit Country of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 9-21-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Dave Kovadow-St. John	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Comie Lawson Clerk
	HENDRICKS Circuit Court

HENDRICKS County Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated Name of Physician Dr. Chorles T A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Burton Keven Tromas Indianapolis Indiana Indianapolis 193 Dan Jones Road Plainfield IN 46168 209 n. Warman Indols IN 46222 Death 79 Death Date 1-87 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Drivers Date of birth verified by: Birth Certificate Other (Specify) Drivers License Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🔲 Yes 🔲 Yes 🔲 Are you related to the female applicant closer than second cousing Yes 🗌 Yes 🔲 Yes 🔲 Full name of applicant's father believe the Floyd Sr. (a) Full name of applicant's father William Albert Thomas elen Louis Martin Betty Low Henderson **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Date 8-19-91 The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court Date State of Indiana HENDRICKS HENDRICKS X Signed Keven day of Lugust 1991 Connic Howson clerk of the Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County __ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE and __ Keven A. Burton . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 8-31-91 I, Dr. Richard C. Keeley, Th.D. _ (name), certify that on __ Hendricks (date), at Plainfield County, Indiana,_ _ County ____Indiana of Hendricks
Hendricks Jack A. Thomas Keven A. Burton Indiana _(state), and _ County_ (state) were married by me as authorized anty. Indiana, dated 8-31-91 HENDRICKS County, Indiana, dated _ Minister (official designation) 9-5-91 Filed and recorded in accordance with the laws of the State of Indiana on_

(date).

HENDRICKS

Clerk

Circuit Court

HENE	No
HEND	DRICKS County File
	8-29-91 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 X Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Sohn arville Barsens, gr.	Stephane Type Darnell
Date of Birth O Month Day Year 0	Date of Birth S Month 6ely Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married X OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druvers Ficense	Date of birth verified by: Rirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? Notified Yes □	Are you now or have you ever been adjudged to be of unsound mind? Notice Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □ 4. Are you now under the influence of a narcotic drug? No ✓ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father John Orville Barsons, dr.	6. (a) Full name of applicant's father Donald Bichard Darmell
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Bhylis year West	(b) Full maiden name of applicant's mother Susan Chillis Kersey
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country).
	TANKET PROPERTY OF THE PARTY OF
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3/29/91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana
County of HENDRICKS Signed X S	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information gives in this application is true and correct Signed S
New Address 7.3/37 Balager Ct, # 6, July 18 46260 Subscribed and sworn to before me this 29th day of Quagnat . 19 91	New Address 2 Gd 2 Gd 3 Gd 4 Gd 5 Gd 5 Gd 6 Gd 6 Gd 6 Gd 6 Gd 6 Gd 6
Comme Saurem Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 29th day of Quayet, 19 91 Connie Jourson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father	Father
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Cleri
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of,	lerk of the Circuit Court of HENDRICKS County, Indiana,
duted, duthorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
(date), at Plainfield	(name), certify that on
John O. Parsons, Jr. of Marion	County Indiana (state), and
Stephanie L. Darnell of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	ounty Indiana (state) were married by me as authorized from HENDRICKS County, Indiana, dated 9-14-91
Signed by: /s/ Carl Akard Riley	
Filed and recorded in accordance with the laws of the State of Indiana on_	9-17-91 (date).

_ Clerk _Circuit Court Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

468

File _

County

	8-29-91 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 A Yes I If No, Medical Examination or Report Dated 8-29-9 Name of Physician And Harry MD
MALE APPLICANT	FEMALE APPLICANT
Name Perola Middle Last	Name First Smiddle Last Quality
Date of Birth Month Day Year	Date of Birth Month Pay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1236 Beriff RD. Ylamfula, Hendrices, In.	1430 Sabrina Ce. Plainfield, Hendricks, on,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 🔯 OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Cother (Specify) Druvers Successe
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ★ Yes □
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	s. List the fall maines of any dependent children.
20 R 01 0 10 41	2 2 1 104 9
6. (a) Full name of applicant's father Shand Shand Deuth (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father the sound of the s
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Elwanda The Johnson	(b) Full maiden name of applicant's mother Victor Types Welt
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) The state of mother (if deceased) are state of the state of t	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Clabrama	Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACCUSIONAL EDGLAGATA
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Deceled Location Date 8-29-91	immune deficiency syndrome). Signature of Applicant X Multiple Ryan Managhlin Date 8 29-0
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above anniicant has objected to verifying by oath or affirmation or signature to the above acknowledgment behause of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
HENDRICKE SS: A	MICHID DARRIES SS: A
Signed X Decel J. Decelh for in this application is true and correct.	County of HENDRICKS Signed Signed Synthesis Synth
New Address	Subscribed and sworn to before me this 294 day of Quaguat , 19 9
Subscribed and sworn to before me this 29th day of Chronic . 19 9 1 Circuit Court	Cyme Saws on Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated $\underbrace{8-29-91}_{}$, authorizing the marriage of $\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	rk of the Circuit Court of HENDRICKS County, Indiana,
and, dunorizing the marriage of I, John Caldwell	. I further certify that the following marriage certificate was filed in my office:
(date), atIndianapolis Derek John Deuth Hendricks	_ in Hendricks County, Indiana,
Derek John Deuth Jennifer Lynn McLaughling Hendricks Con-	County (state), and unty Indiana (state) were married by me as authorized
made a marriage mense man was issued by the clerk of the circuit court of	HENDRICKS County, Indiana, dated 9-14-91
Signed by: /s/ John Caldwell	, Senior Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-17-91 (date).
	signed Connie Lawson Clerk
BOYCE FORMS - SYSTEMS 1-00-382-8702 1477	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	8-29-91 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
MALE APPLICANT	
Name / First Middle Last	FEMALE APPLICANT
Date of Birth Month Sour Season Seaso	- Cunthia Mac Ratacien
11 25 64	Date of Birth A Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 37076	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Marriad & OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7-91	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druvers Truens	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Sialnos
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes No No Yes No
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	THE RESERVE ASSESSMENT AND ADDRESS OF THE RESERVE ASSESSMENT ASSE
6. (a) Full name of applicant's father Devalo Cofford Books, Sr.	6. (a) Full name of applicant's father Earl Thomas Batcliffe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Murtha Louise Emmish	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Warase Oxal Cox
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) * Sentualsex
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct	County of HENDRICKS SS:
Signed X Serveld Gogery. New Address Same	Signed X Cynthia M. Latelife
Subscribed and sworn to before me this 29 th day of Clean 19 9)	Subscribed and sworn to before me this 29th day of Curoxist . 19 9
Subscribed and sworn to before me this 29 th day of Curatian 19 91 Connection Clerk of the HENDRICKS Circuit Court	Conne Dawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 8-29-91 authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
andCynthia M. Ratcliffe	. I further certify that the following marriage certificate was filed in my office:
John Eakle	8-31-91
Gerald C. Boger, Jr. of Hendricks Cynthia M. Ratcliffe of Hendricks	CountyIndiana(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/John Eakle	County, Indiana, dated 8-31-91
Filed and recorded in accordance with the laws of the State of Indiana on	_ , <u>Pastor</u> (official designation) 9-16-91 (date).
	0.0
S	igned onne Jawson Clerk
	HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

470

Clerk

_Circuit Court

No.

HENDRICKS County File	
	8-29-91 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 8-26-91 Name of Physician Yh. Release Haal, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name British Windle Thewlow	Name Dianna Sue Walls
Date of Birth Month Oby Year 0	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Andrana
Residence Address Street or R.R. City County State 11225 W. Washington St. 9745 Thomas There or The County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 5 - 84	Last Marriage Ended By: Death Divorce Annulment Date 5 - 86
Date of birth verified by: ABirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No ★ Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? Not Yes 5. List the full names of any dependent children. What Walls.
5. List the full names of any dependent children.	5. List the full names of any dependent children. Tusting What Walls,
	Elizabeth Phillips
6. (a) Full name of applicant's father goe toms Hewley	6. (a) Full name of applicant's father tonnie Way Walls
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Batty ann Followell	(b) Full maiden name of applicant's mother Brenda arbutus Jombi
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	0
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Della 10 min feb 8-3691	Signature of Applicant X Calla Lalla Date Qua 29
Signature of Applicant Date Date	Signature of Applicant X Malla Walls Date Line
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given ss:
Signed A Rach W. Meuber in this application is true and correct.	County of RENDRICKS in this application is true and correct. Signed X Dana Wall in this application is true and correct.
New Address Same	New Address
Subscribed and sworn to before me this 29 th day of Surgust, 19 9 the MENDRICKS Circuit Court	Subscribed and sworn to before me this 29th day of Quarter 1, 19 9
Clerk of the Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother 1D #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana.
dated 8-29-91, authorizing the marriage of	Ralph Wyatt Newby
and Dianna Sue Walls	I further certify that the following marriage certificate was filed in my office:
I, Frederick M. Busby (date) at Anderson	(name), certify that on
(date), at Anderson Ralph W. Newby of Hendricks	County Indiana (state), and
Dianna S. Walls of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	County, Indiana, dated
Signed by:/s/ Frederick M. Busby Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{\text{Minister}}{9-3-91} $ (date).
	(aute).

Circuit Court

471

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	8-30-91 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 8-12-91 Name of Physician Satrual Doolson, MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle & Last	Name Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5470 Bleasant Hill Circle, agt. F. In O'ple, Marion, In	B. B. 1 Box 1110 , Pettsboro, Herdrichs, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: ABirth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ₩ Yes □	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father the father than the fat	6. (a) Full name of applicant's father Jarry Wayne Boll
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bose Tel Collins	(b) Full maiden name of applicant's mother Carve Lynn Fergus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
	Sumples of month (Sine of Fright County)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Communication regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 200	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information give
County of HENDRICKS Signed Semwel R Seedy in this application is true and correct.	County of HENDRICKS in this application is true and correct Signed
New Address Same	New Address
Subscribed and sworn to before me this 30th day of Curacust, 19 91 Connice Fauson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 30th day of Charles 19 91 Connic Foundam Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign:
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of19	Subscribed and sworn to before me this
COMPLETE IS MARRIAGE LIGENIES ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, th Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 8-30-91 , authorizing the marriage of	
and Melissa Ann Ball James R. Davis	I further certify that the following marriage certificate was filed in my office (name), certify that on8-31-91
(date), at Pittsboro	in Hendricks County, Indiana.
Samuel Ray Leedy of Marion	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rev. James R. Davis	MENDRICKS County, Indiana, dated 8-31-91 , Minister (official designation)
	9-4-91

HENDRICKS

472

No.

File .

_ County

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No S Yes I If No, Medical Examination or Report Dated 8-30-91 Name of Physician Dr. M. O
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name Patricia Middle Brutas
ate of Birth Day Year	Date of Birth Month Day Year
8 7 53	2 24 50
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
8465 M. 925E Brownstrung, Hendrichs, In.	Previous Marital Status: Never Married OR No. of Previous Marriages
revious Marital Status: Never Married OR No. of Previous Marriages	
ast Marriage Ended By: Death Divorce Annulment Date 83	Last Marriage Ended By: Death Divorce Annulment Date 2 - 88
rate of birth verified by: Birth Certificate Dother (Specify) Drivers License	Date of birth verified by: Birth Certificate Mother (Specify) Drivers License
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the male applicant closer than second cousin? Yes ☐
Are you related to the female applicant closer than second cousin?	No. 70
Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ Are you now under the influence of a narcotic drug? No ☑ Yes ☐	Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes
Are you now under the influence of a narcotic drug? Note Yes No	5. List the full names of any dependent children. Juna Marie Mahler,
List the full names of any dependent children. The same for the full names of any dependent children.	Sori Lynn Mohler, Rachel Michelle
Sanda .	Surtas
(a) Full name of applicant's father Fredrich Chester Jamlin	6. (a) Full name of applicant's father William Clifford Wills
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state). Birthplace of father (State or foreign country).
Birthplace of father (State or foreign country)	Tois Out Donal Wange
(b) Full maiden name of applicant's mother Managaret Bhiefer	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kentucky
Simple of many feat and a second seco	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.
County of	Signed Latricia C. Deytas
Signed New Address	New Address
Subscribed and sworn to before me this 30 th day of Curayat, 19 9 Commis James Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 30 th day of Guerrat, 19 9 Cornic Sausan Clerk of the HENDRICKS Circuit Count
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS ss:
County of HENDRICKS	County of
Father ID #	Father ID # ID #
Mother	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in	es and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	
RETURN OF MARRIAGE LICENS Learnife that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Claded 8-30-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 8-30-91 , authorizing the marriage of andPatricia_Ann_Buytas	erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 8-30-91, authorizing the marriage of and Patricia Ann Buytas I, Cynthia J. Spence	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office. (name), certify that on
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 8-30-91 , authorizing the marriage of and Patricia Ann Buytas I, Cynthia J. Spence I date at Danville	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office (name), certify that on 8-30-91 in Hendricks County, Indiana,
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 8-30-91, authorizing the marriage of and Patricia Ann Buytas I, Cynthia J. Spence (date), at Danville David A. Tamlin of Hendricks	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office (name), certify that on 8-30-91in Hendricks County, Indiana,
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 8-30-91 , authorizing the marriage of and Patricia Ann Buytas I, Cynthia J. Spence (date), at Danville David A. Tamlin of Hendricks Patricia A. Buytas of Hendricks Co	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office (name), certify that on 8-30-91 in Hendricks County, Indiana, County Indiana (state), and Indiana (state) were married by me as authorized for HENDRICKS County, Indiana, dated 8-30-91
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office (name), certify that on
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 8-30-91 , authorizing the marriage of and Patricia Ann Buytas I, Cynthia J. Spence (date), at Danville David A. Tamlin of Hendricks	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, David Allan Tamlin I further certify that the following marriage certificate was filed in my office (name), certify that on 8-30-91 in Hendricks County, Indiana, County Indiana (state), and Indiana (state) were married by me as authorized to the MENDRICKS County, Indiana, dated 8-30-91
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 8-30-91 , authorizing the marriage of and Patricia Ann Buytas I, Cynthia J. Spence (date), at Danville David A. Tamlin of Hendricks Patricia A. Buytas of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana

Circuit Court

Do not Publish

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No. 473

No. 473

File 8-30-9

e information upon applying for license.
rnishes false information to a clerk of the
son applies for a marriage license under
IC 31-7-3 commits a Class D felony.

ing for license.

Do a clerk of the elicense under

Female Applicant 50 No □ Yes □

If No, Medical Examination or Report Dated

Name of Physician ______

Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Thicksel Tee Crouse	- Patricia ann Trump
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
111 S. Thilton, P.O. Box 158, Conterrelle, Hendrich of	. R. R. 1 Box 465, Contrille, Hendrichs, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date 4 - 89	Last Marriage Ended By: Death Divorce Annulment Date 86
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Duvis opense	- Cross of cense
1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes No X	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes No X Ye
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No ✓ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. andrew your Conse	5. List the full names of any dependent children. Anne Jung Mark
	Thickelle Johnson David Johnson
6. (a) Full name of applicant's father Quatin Elworth Cronse	6. (a) Full name of applicant's lather James Bishall times
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Debroja Buth Bowersock	(b) Full maiden name of applicant's mother Manette Bose Down
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 8-30-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has chiested to unsitiving by earth or affirmation are signature to the above.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed X New Address R.	State of Indiana County of HENDRICKS Signed Fatricia County of Clerk of the HENDRICKS Subscribed and sworn to before me this 30 th day of Clerk of the HENDRICKS Circuit County
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana () State o	State of Indiana) HENDRICKS SS:
Father	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-5-91, authorizing the marriage of _	Michael L. Crouse
and Patricia A. Trump	. I further certify that the following marriage certificate was filed in my office:
I, Darrell Stout (date) at Nashville	(name), certify that on
Michael L. Crouse of Hendricks	in County, Indiana, County Indiana (state), and
9	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-8-91
Signed by: /s/ Darrell Stout	Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-11-91 (date).
	C
	Signed Connie Grawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

474

No. _

File

County

	8-30-91 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
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
mara	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State State Street or R.R. City County State State Street or R.R. City County State	Sane
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9 - 9 D	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Science	Date of birth verified by: Dipirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes No Yes Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No SQ Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Suffing aller Wallace	6. (a) Full name of applicant's father Conthonics Tones
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Monaganet & Boat
(b) Full maiden name of applicant's mother (b) May Morris (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother 11200000000000000000000000000000000000
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Date 530.9/ The above applicant has objected to verifying by oath or affirmation or signature to the above	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 30 th HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this 30-th day of Owner 19 9 HENDRICKS Clerk of the HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary State of Indiana)
State of Indiana) County of HENDRICKS) ss:	County of HENDRICKS SS:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me thisday of, 19	MotherID #
	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Clated 8-30-91 authorizing the marriage of	Jeffrey A. Wallace
and Norma J. Jones Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office (name), certify that on9-17-91
(date) at Danville	in Hendricks County, Indiana,
Jeffrey A. Wallace of Hendricks	County Indiana (state), and
Norma J. Jones of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Cynthia J. Spence	ist Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-17-91 (date).

Connie

HENDRICKS

____ Clerk _Circuit Court

William E. Heald

Susan K. Moorman

Signed by: /s/ Keith H. Kirk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE 475 HENDRICKS County 8-30-91 Date of Application Female Applicant 50 No & Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Dr. Joseph Thompson, MD circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Moorman Place of Birth (State or foreign 1603 W Previous Marital Status: Never Married OR No. of Previous Marriages Never Married OR No. of Previous Marri Annulment Divorce Death Divorce 🔲 Death Last Marriage Ended By Last Marriage Ended By: Date Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No Yes "ves." has the adjudication been removed? No 🗆 Yes 🗌 No D Yes 🔲 Yes 🗌 Are you related to the female applicant closer than second cousin? No X Yes 🗌 Yes 🗌 now under the influence of an alcoholic beverage No D Yes 🔲 Yes 🗌 List the full names of any dependent children. John Edwar Othoarman nDiana ne of applicant's mother Dorra Was Been . Willer Shea Donna InDian deceased ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court _ Clerk of Court I swear/affirm that the information given State of Indiana State of Indiana Subscribed and sworn to before me this 30+6 CONSENT OF PARENTS, PARENT, OR GUARDIAN its of this applicant, hereby give consent for this marriage. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County_ Court, by written order issued_ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 8-30-91 authorizing the marriage of William E. Heald County, Indiana, , authorizing the marriage of _ Susan K. Moorman . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 9-14-91 Keith H. Kirk (name), certify that on (date), at ___Indianapolis Marion County, Indiana,

Indiana

HENDRICKS

(date).

Indiana

Minister

County _

9-18-91

County_

of Hendricks

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

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

(state), and _

(official designation)

County, Indiana, dated _

Trawson

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

HENDRICKS

476

Circuit Court

File _

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name / First / Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
497 J. Oba St. Olambud, Hendrids, An. Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date \$ - 90	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes 1. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Solent Herman Fields (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 Hands	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	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed X In this application is true and correct. New Address	County of HENDRICKS Signed Signed Bartlay in this application is true and correct. New Address
Subscribed and sworn to before me this 30th day of August, 19 91 Committee Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 5-4 day of Sept., 19 9 HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) HENDRICKS SS:
County of HENDRICKS Father ID #	County of HENDRICKS SS:
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 9-5-91, authorizing the marriage of	
and Vickie Y. Bartley James D. Cain	I further certify that the following marriage certificate was filed in my office:
I, James D. Cain (date), at Centerton Christian Church	
Michael W. Fields of Hendricks	County Indiana (state), and
<u>Vickie Y Bartley</u> of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 9-14-91
Signed by: /s/ James D. Cain	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-10-91 (date).
	Signed Conne Jawson Clerk HENDRICKS Circuit Court

477

____ (state) were married by me as authorized _____ County, Indiana, dated _____ 9 - 9 - 9 1

Circuit Court

_ (official designation)

HENDRICKS

Connie

(date).

Clergy

9-25-91

Signed

Do not Publish

APPLICATION FOR MARRIAGE LICENSE

HEIV!	County File
	8-30-91
	Date of Application
brmation upon applying for license.	Female Applicant 50 No ⊠ Yes □
sircuit court when the person and lies false information to a clerk of the	If No, Medical Examination or Report Dated 8-27-9
IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Rich Hater, M.O.
MALE APPLICANT	FEMALE APPLICANT
Name Bandy Scatt Frances	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Theresa Seann Denry
Place of Birth (State or foreign country)	9 22 67
mara	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State 2824 S. Honey Creek Rd. Dreamwood Johnson, In.	Residence Address Street or R.R. City County State 251 Carter strung RD, Danville, Hendridge In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marriad Status: Never Marriad OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Driver Scenae	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?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note that the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcetic drug? 4. Are you now under the influence of a parcetic drug?
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Denver Base Fanier	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Danforth E. Henry
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) There are	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Janua Ogal Benshener	(b) Full maiden name of applicant's mother Services
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) This is a state of the	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Handy Seath Lanier Date 3/30/91	Signature of Applicant & Theresa L. Xlenny Date \$130/9
The shows applicant has shired to the shired	(1001)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given
Signed Annal Signed Lander Santer	County of HENDRICKS ss: in this application is true and correct.
New Address	Signed & Theresa Wenny New Address
Subscribed and sworn to before me this 30th day of Curoquat 19 9	Subscribed and sworn to before me this 30 th day of Chronist, 19 91
Connie Source Clerk of the HENDRICKS Circuit Court	Comic Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	The state of the s
State of Indiana) County ofHENDRICKS ss:	State of Indiana) HENDRICKS SS:
Father ID #	County of
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriana license having bear attended
and filed in, authorize	s and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Cler	AND MARRIAGE CERTIFICATE
The state of the s	th of the Cinquit Court of
, authorizing the marriage of	k of the Circuit Court of HENDRICKS County, Indiana, Randy Scott Lanier
and Theresa Leann Henry , authorizing the marriage of	Randy Scott Lanier
and , authorizing the marriage of I,A. W. Farnsworth IV	Randy Scott Lanier I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91
and Theresa Leann Henry I, A. W. Farnsworth IV (date), at Danville Randy S. Lanier Authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:

under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: __/s/ A. W. Farnsworth IV

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

9-03-91

Date of Application

Applying for license.

Female Applicant 50

No
Yes

Name of Physician

If No, Medical Examination or Report Dated

_ (official designation)

Clerk

_Circuit Court

___ (date).

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

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

FEMALE APPLICANT MALE APPLICANT Place of Birth (State or foreign country) 6835 100 N Never Married OR No. of Previous Ma Previous Marital Status: Never Married Date 88 Divorce 🔼 Date 10-86 Last Marriage Ended By: Death Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 If answer is "ves." has the adjudication been removed? er is "yes," has the adjudication been removed? No Yes 🔲 Yes 🔲 Are you related to the female applicant closer than second cousing Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🔲 u now under the influence of a narcotic drug? Yes 🗌 Deceased Deceased ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana day of Scott , 19 9 HENDRICKS Circuit CONSENT OF PARENTS PARENT OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County ____ _ Court, by written order issued _ and filed in_ ___, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____, authorizing the marriage of ___ and _ _ . I further certify that the following marriage certificate was filed in my office: ___ (name), certify that on __ (date), at _ _ County, Indiana,_ __(state), and __ _ County _ ___ County ______ HENDRICKS _ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of __ ___County, Indiana, dated ___

HENDRICKS County File	
	9 - 3 - 9 1 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🛛 Yes 🗆 If No, Medical Examination or Report Dated 9-3-91 Name of Physician
MALE APPLICANT Name First Middle 4 Last	FEMALE APPLICANT Name / First Middle Last
Date of Birth Month Day The Gener	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5714 Bort Lelia, Dr. #D, InOpes, Marion, In	3153 Wilsey Rd. Slainfiel, Hendrichs, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ricense
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ♥ Yes □
5. List the full names of any dependent children.	5. List the full names of any dependent children.
C01 + 8 - 91 0	
6. (a) Full name of applicant's father Dr. Colbert Spany Michelerer (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Soloh Withur Barlser. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Onna Labe Waters	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother China Jobe Walls (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Settly Sour Novas
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Sentice language
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Space a
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date ACKNOWLEDGMENT Date Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date ACKNOWLEDGMENT Date 9-3-6
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS Ss: in this application is true and correct.
Signed Hours Tuesday	Signed And Justifa Clarke
Subscribed and sworn to before me this 3 nd day of HENDRICKS	Subscribed and sworn to before me this 300 day of Sept., 19 9 1 Connie Transform Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) HENDRICKS ss:
Father	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 9-3-91, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, David Ray Niederer
and <u>Misty Ann Parker</u>	I further certify that the following marriage certificate was filed in my office:
I, Dr. Ray Niederer (date), at Plainfield	(name), certify that on9-28-91 _in Hendricks
David Ray Niederer of Marion	County Indiana (state), and
Misty Ann Parker of Hendricks Cou	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Ray Niederer	
Filed and recorded in accordance with the laws of the State of Indiana on	10-2-91 (date).

_Clerk _Circuit Court

480 **HENDRICKS** County Female Applicant 50 No th IC 31-7-9-1. Furnishing false information upon applying for license. Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Tebecca Hook IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Divorce 🔲 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: ABirth Certificate Other (Specify) Yes 🗌 Yes 🗌 No 🔲 No 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 No 🔯 Yes 🗌 No 🗸 Yes 🗌 No M Yes 🗆 No DC ce of mother (State or foreign country). Alabama ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases transmitted, and a list of the test sites for the virus that causes AIDS (acquired 9-4-41 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, ___, authorizing the marriage of ___ Brian G. Sears and <u>Jessica D. Smith</u>
I, Warren P. Dafoe __. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on 9-6-91 _ (name), certify that on _ Hendricks Plainfield County, Indiana,_ __County ____Indiana of Marion Hendricks Brian Sears Indiana _(state), and _ Jessica Smith (state) were married by me as authorized _ of____ _ County ___ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of __ 9-6-91

County, Indiana, dated ____

Dawson HENDRICKS

(official designation)

Pastor

9-11-91

Signed by: /s/ Rev. Warren P. Dafoe

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

Clerk

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	No. 481
<u>HENDI</u>	ounty
	9-4-91 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 A Yes I If No, Medical Examination or Report Dated 8-15-91 Name of Physician Annum, M. D.
MALE APPLICANT	FEMALE APPLICANT
Name Brist Battials Buroness	Name Wichels Junn Sahns
Date of Birth Month Day Year	Date of Birth Month Cay Vicer
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street or R.R. City County , State	Residence Address Street or R.R. City County State
3017 Hiland Dr. Fredick, Marion, Frediana	9726 Karen Dr., Indiplo, Hendricks, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Savers of teense	Nouves oxerse
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes □ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes □	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Patrick Burgess	6. (a) Full name of applicant's father Donald Carl Johns
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) The Scana (b) Full maiden name of applicant's mother Quice annual Stiles	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother acres and Stiles (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9/4/91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Si	Signed X 111 CNCO 15. POTCH 3
New Address 6319 B. Monarce Pr. In 1624.1 Subscribed and sworn to before me the day of Sept. 19 91	New Address Subscribed and sworn to before me this 4th day of Sect. 19 91
Connu Sawson Clerk of the HENDRICKS Circuit Court	Connie Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	FatherID #
MotherID #	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-4-91, authorizing the marriage of	I forther contife that the following marriage contiferate was filed in my office.
And Michele L. Johns I. Rev. Leonard B. Maynard	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), at North Liberty Christian Church	_ in Hallon County, Indiana,
Bryce P. Burgess of Marion	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized (state) were married (state) (
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Rev. Leonard Maynard	Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-8-91

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 8-28-91 Name of Physician The Suing MD
MALE APPLICANT	FEMALE APPLICANT
Name Christopher John Middle Last Date of Birth Day Vear 10 63 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Name Date of Birth Date of Birth (State or foreign country) Residence Address Street or R.R. City County State 3390 Rac away 80, 25, 3 Winds Hundricks
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 182 Date of birth verified by: Birth Certificate Other (Specify) Drivers Riverse	Last Marriage Ended By: Death Divorce Annulment Date 8 4 Date of birth verified by: Birth Certificate Other (Specify) Divvers Literate
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Council Carol. Hurther (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Savalla Wilson Strube (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 Approa Carries Brown (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed County of Iswear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this 4th day of hence the henc	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this HENDRICKS Circuit County Circui
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana) ss: County of HENDRICKS) Ss: Father
County	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl dated $\frac{9-4-91}{}$, authorizing the marriage of $$	Christopher Todd Moretto
and Tammie Maria Cones I, Danny Vaughn (date), at Plainfield	I further certify that the following marriage certificate was filed in my office: (name), certify that on9-29-91inHendricks
Christopher Moretto of Marion Tammie Cones of Hendricks Co under a marriage license that was issued by the Clerk of the Circuit Court of	County Indiana (state), and

____ Clerk _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

HEND.	ORICKS County File
	9-5-91 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 9-3-9 Name of Physician M. Rebecca, Haab, M.O.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Creat	Date of Birth Month Day Year 75
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 44 9 Arcen St. Browns Dryng Hendridge In	Residence Address Street or R.R. City County State 444 Streen At Braumshyan Hendrich In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married & OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	A STATE OF THE PARTY OF THE PAR
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Sarbara Far Crabtres (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Joseph Dell (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 Jherbaa L. Japans (If adopted, list adoptive parents only). Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) In Diana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-9-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Date ACKNOWLEDGMENT Lacknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 5th day of Sept 1991 Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed Bell in this application is true and correct in this application is true and correct in the Address Subscribed and sworn to before me this 5th day of HENDRICKS Circuit South
Clerk of the Circuit Court	Comme Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS Father Carl & John ID # Mother Barbara Scale ID # Subscribed and sworn to before me this 5th day of Segtember, 19 9 i Connice Sarvan Clerk	State of Indiana County of HENDRICKS Father School Dell ID # Mother Delegation of September 1991 Connie Townson Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
Hendrich County Inquit	Court, by written order issued to the above named parties, the sand directs the issuance of a marriage license to the above named parties
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 9-5-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Paul Shane Jobe
and Kara Ann Bell	I further certify that the following marriage certificate was filed in my office
(date), at Danville	(name), certify that on9-5-91 _ in Hendricks
Paul Shane Jobe of Hendricks	County Indiana (state), and
Kara Ann Bell of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized (state) were married (state)
Signed by: /s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	, 1st Deputy Clerk (official designation) 9-6-91 (date).

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_Circuit Court

No. _

HENDRICKS County File	
	9-5-91 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 9-4-91 Name of Physician — The Designation
MALE APPLICANT	FEMALE APPLICANT
Name First, Middle Last	Name First Middle Last
Date of Birth William Wesley Wilhite Year	Date of Birth Month Day Year
1 8 45	Place of Birth (State or foreign country)
Place of Birth (State or foreign country)	Massouri
Residence Address Street or R.R. City County State 742 2000 Can 202 Buttsboro Hendricles, on:	Residence Address Street or R.R. City County State 8519 Westport Sm. Shuses Marion. Sn.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 3.12.78	Last Marriage Ended By: Death Divorce Annulment Date 6 - 8%
2-13-18	
Date of birth verified by: Birth Certificate Other (Specify) Drivers Richael	Date of birth verified by: Birth Certificate Other (Specify) Drivera Ficense
1. Are you now or have you ever been adjudged to be of unsound mind? No → Yes →	1. Are you now or have you ever been adjudged to be of unsound mind? No X Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No TA Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No. Yes
List the full names of any dependent children. James William Wilhite,	5. List the full names of any dependent children.
	Principles and the second seco
(a) Full name of applicant's father warren Wesley Wilhite	6. (a) Full name of applicant's father Dougnon John Young
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (If deceased, so state).
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Buth Fourse Strobel	(b) Full maiden name of applicant's mother Martha Con Vaugh
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Bittiplace of mouner (State of foreign country)	Birthplace of mother (state of foreign country).
Information or signature to the above applicant because of religious beliefs.	immune deficiency syndrome). Carol Q o Carlible Date 9-5-9 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
Signed X William W. William this application is true and correct.	County of HENDRICKS ss: Carlie in this application is true and correct.
New Address Same	New Address
Subscribed and sworn to before me this 5 th day of Syst , 19 9 Connie Bawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 5th day of Scat , 19 9 Connic Bours Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana) ss:	State of Indiana)
county of <u>HENDRICKS</u> ss:	County of HENDRICKS ss:
ather ID # ID #	FatherID #
subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
, Paul E. Bledsoe	(name), certify that on9-7-91
	in Marion County, Indiana, (tata) and
	County (state), and (state) unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ Paul E. Bledsoe	
Filed and recorded in accordance with the laws of the State of Indiana on	9-10-91 (date).
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 485
HEND	DRICKS County File
	9-5-91 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 A Yes I If No, Medical Examination or Report Dated 8-28-91 Name of Physician Dr. Haren John, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Steven allen Derett	Name Carrie Symette: Muss
Date of Birth Month Day Year	Date of Birth Month Day Year O
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 11.5 A. Ahilah Thampagala Hendhicks The	Residence Address Street or R.R. City County State
Previous Marrial Status: Never Married OR No. of Previous Marriages	110 North 475 E. Danville, Dinbuska, In. Previous Marital Status: Never Married NOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Dother (Specify) Drivers Sicense	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	S. Lieu de los riseries de any dependent critiques.
6. (a) Full name of applicant's father Sarman R, Bereto	Bate 1) 9/1
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Darry W. Mysrs (If adopted, list adoptive parents only).
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) InDiana (b) Full maiden name of applicant's mother Elna Th. The Cormicle	(b) Full maiden name of applicant's mother Dynama Williams
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-5-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant X Date 9-5-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed State of Indiana New Address 845 Binewood On , Qot . C. Plainfull Subscribed and sworn to before me this 5 th day of State . 19 91 Connection of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X New Address Subscribed and sworn to before me this 514 day of Scat., 19 9
Circuit Court	Connic Towson Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signi- state facts which make the consent of the other parent unnecessary
	and the control of the control parent of the
State of Indiana) County of HENDRICKS) ss:	State of Indiana) HENDRICKS 86:
Father	County of
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated 9-5-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana.
andCarrie Lynette Myers	I further certify that the following marriage certificate was filed in my office.
I, Harold L. Leininger (date), at Brownsburg	(name), certify that on 10-12-91
Charles 133-s County	in Hendricks County, Indiana, County Indiana (state), and
Carrie Lynette Myers of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Harold L. Leininger	
Filed and recorded in accordance with the laws of the State of Indiana on	

Connie

Signed_

HENDRICKS

____ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 486
HEND.	Ounty The
	Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr. McDaniel
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Cirst Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Sheet or R.R. City County State	Residence Address Street or R.R. City County State
937 C Premod Dr. Plya.	Ame City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2.85'	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate KDOther (Specify)	Date of birth verified by: Birth Certificate Acther (Specify)
	21.010
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ♥ Yes □ 3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
TO THE RESIDENCE OF THE PARTY O	
6. (a) Full name of applicant's father wid Lee Young	6. (a) Full name of applicant's father Samuel James Sanders
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Trdpls. Th	Residence of father (if deceased, so state) Anderson TN
(b) Full maiden name of applicant's mother Shirtey Mae Nelson	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Ruth Amades and Carolina (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
1 acknowledge that 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the vivos that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Hatricia K. Clarifica Date 9/10/9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Cierk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Patricia I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworm to before mentals day of HENDRICKS Circuit County Circuit County County of HENDRICKS Circuit County Circ
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 9-6-91, authorizing the marriage of	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Randall Lee Young
and Patricia Kay Sanders I, Rebecca J. Nunnally	I further certify that the following marriage certificate was filed in my office:
(date), atZionsville	
	County Indiana (state), and
Patricia Kay Sanders of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rebecca J. Nunnally	
Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Commis Lawrence

HENDRICKS

_Circuit Court

487

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County File	
	9-6-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⅓ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 9-5-91
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. David Hangard, M.D.
10 31-7-3 confinits a class D leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Wayne Objectson Your	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address . Street or R.R. City County . State	Residence Address Street or R.R. City County State
647 Simmons, Blanfield, Herdricks In.	Same Same
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9 - 9 0	Last Marriage Ended By: Death Divorce Annulment Date 7 - 90
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
Now of the last	- Carrier Vicenson
Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓ Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Meanan Grobe
Oberbron	Evens, Grandon Michael Evens, askey
6. (a) Full name of applicant's father Floyd Wayne Oberbrom	6. (a) Full name of applicant's father arthur Wrotten Sugmire
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Masouri. (b) Full maiden name of applicant's mother Delpas Elarina Weislocher	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Alabama Catherine Stevens
(b) Full maiden name of applicant's mother Nolpho Clarma Weistocher (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Alabama Latherine Dillional (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) QecoaseQ
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) England
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date 9/6/9/	Signature of Applicant Danet Suran Elvas Date 9/6/91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS ss: ss: swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed Si	County of in this application is true and correct. Signed
New Address Same	New Address
Subscribed and sworn to before me this 6 th day of Sept. , 19 9 1 Convine Dawan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 6 day of 19 9 HENDRICKS
Clerk of the Circuit Court	Clerk of the MENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
nate that which make the consone of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS	County of HENDRICKS ss:
Father ID # ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
lated, authorizing the marriage of	Dennis W. Oberknow
Myron Barnard	. I further certify that the following marriage certificate was filed in my office: (name), certify that on9-7-91
(date), at Indianapolis	in Marion County, Indiana.
Janet S. Evens of Hendricks Con	County Indiana (state), and
Janet S. Evens of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 9-7-91
Signed by: /s/ Myron Barnard	Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-7-91 (date).

_ Clerk _Circuit Court

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Circuit Court

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 Y Yes If No, Medical Examination or Report Dated Name of Physician	
MALE APPLICANT	FEMALE APPLICANT	
Name First Middles Last		
Date of Birth Day Year	Name Setty 50 VISON Date of Birth Month Day Year	
5 4 73	Date of Birth Month Day Place of Birth (State or foreign country)	
Place of Birth (State or foreign country)	HO	
Residence Address Street or R.R. Street or B.R. County State	Residence Address Street or R.R. Oly County State	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 🔯 OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: DBirth Certificate Other (Specify)	Date of birth verified by: Other (Specify)	
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?	
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes	
5. List the full names of any dependent children. List the full names of any dependent children.	List the full names of any dependent children.	
6. (a) Full name of applicant's father Juvello. Typu	6. (a) Full name of applicant's father of the Everett Wilson	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state) East TurePool OH	
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)	
(b) Full maiden name of applicant's mother Day 3. Museum	(b) Full maiden name of applicant's mother O Ohn Ollins	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	
immune deficiency syndrome). Signature of Applicant Date 9-6-91 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	
State of Indiana) I swear/affirm that the information given county of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given Ss: in this application is true and correct.	
Signed The Hymn	Signed X Betty Delbox	
New Address Subscribed and sworn to before me this	New Address Subscribed and sworn to before the this Q day of 9 19 9 1	
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this day of	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of ARNDRICKS ss:	
Father ID #	Father + Lamus Ellahan ID#	
Mother ID #	Mother Up and to before the land of 91	
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of 19 11	
14 10 4 大 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	A marriage license having been refused to the above named parties, the	
	Court, by written order issued ces and directs the issuance of a marriage license to the above named parties.	
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana.	
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Jonathan Paul Lynn	
and Betty Jo Wilson	I further certify that the following marriage certificate was filed in my office:	
I, Lowell D. Lynn, Sr	(name), certify that on 9-7-91	
(date), at Plainfield Jonathan Paul Lynn of Hendricks	County Indiana (state) and	
	ounty 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 9-7-91	
Signed by:/s/ Lowell D. Lynn, Sr. Filed and recorded in accordance with the laws of the State of Indiana on		
	Signed Clerk HENDRICKS Circuit Court	
	HENDRICKS Circuit Court	

Clerk

Circuit Court

HENDRICKS

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

489 No. HENDRICKS File County 9-9-91 Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Holdroole Place of Birth (State or foreign country 4495 1000 E Same Previous Marital Status: Never Married OR No. of Previous Marriages Never Married Previous Marital Status: Death 🔲 Annulment Divorce 🔲 Date Last Marriage Ended By Other (Specify) Birth Certificate Date of birth verified by: Birth Certificate Other (Specify) No Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 Yes 🔲 No 🗌 Yes 🔲 No M Yes 🔲 No X Yes 🗍 Yes 🔲 No X Yes 🔲 No 🖾 Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. harles Edward Fruits Baymond. V. Holbrook arisona Indiana Indiana Bamela ann Bon arizona of mother (State or foreign country). Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or Clerk of Court State of Indiana State of Indiana HENDRICKS 3673 Smallwood 19 91 HENDRICKS Rt. 19 97 CONSENT OF PARENTS, PARENT, OR GUARDIAN facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
dated 9-9-91

authorizing the marriage of Gerald Vaugn Holbrook HENDRICKS _ County, Indiana, , authorizing the marriage of _ Angela Dawn Fruits . I further certify that the following marriage certificate was filed in my office: 9-21-91and ___ _ (name), certify that on _ Hendricks Harold L. Leininger (date), at Calvary United Methodist Church County, Indiana,. County Indiana Indiana Gerald Vaugn Holbrook of Marion
Angela Dawn Fruits of Hendricks _(state), and _ (state) were married by me as authorized County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: /s/ Harold L. Leininger Pastor (official designation)

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

490

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ♥ Yes □ If No, Medical Examination or Report Dated
rcuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Name of Physician Dr. Denold Johnson, M.C.
MALE APPLICANT	FEMALE APPLICANT
Biller Jale Denne	Name 1 First Middle Last
e of Birth Month) Day Year	Date of Birth Month Day Day Year 21
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.R. City County State.	Residence Address Street A. Street A. City County State 14.5 S. Street A. City County State 14.5 S. Sandeina St. Danaelle
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married CR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: ABirth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No. Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No. List the full names of any dependent children.
D. 1. 4 D D &	0 1 5
(a) Full name of applicant's father Touch Taul Westing	6. (a) Full name of applicant's father Jerry a Tuckals
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents (Inly) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Darathy Olan Jacks	(b) Full maiden name of applicant's mother Leads Rac B
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Placenfield In.	Residence of mother (if deceased, so state) Wilchestel
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) — Stational
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
nature of Applicant Bir Benny Date 9-9-91	immune deficiency syndrome). Signature of Applicant Inicia Nichols Date 9-9-91
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
rk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
te of Indiana) I swear/affirm that the information given	
te of Indiana) I swear/affirm that the information given unty of	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed Billy Denny	Signed Tricia Nichols
New Address Same	New Address Same
scribed and sworn to before me this 9th day of HENDRICKS	Subscribed and sworn to before me this 9 day of Scot. 19 9
Circuit Court	Connie Towson Clerk of the HENDRICKS Circuit Cour
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
of Indiana)	State of Indiana)
nty of HENDRICKS ss:	County of HENDRICKS ss:
er ID #	Father ID #
ner ID #	Mother ID #
cribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
ertify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
ed9-9-91 , authorizing the marriage of	
	. I further certify that the following marriage certificate was filed in my office:
Warren Whittington te), at Reelsville	D. L. C.
	Tadiana County, matana,
	County (state), and (state) unty Indiana (state) were married by me as authorized
er a marriage license that was issued by the Clerk of the Circuit Court of	State) were married by me as authorized
ned by:/s/ Warren Whittington	
ed and recorded in accordance with the laws of the State of Indiana on	10-8-91 (date).
	Signed Connie Franson Clerk
	HENDRICKS Circuit Court

No. 491

HENDRICKS

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗵 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First A Middle Last	Name First Middle Last
Date of Birth Month Day Year.	Date of Birth Day Year
Date of Birth Month Day Year Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address \ Street or R.R. City County State	Residence Address Street or R.R. City County State
102 Falcon treat Day Manchester News	1538 N. 50 t. Sawelle IN
Previous Marital Status: Never Married TR OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Agirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Council B. Breenan	6. (a) Full name of applicant's father Owel E. Noane
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother bound bound	(b) Full maiden name of applicant's mother One M. Whileso
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant X Judy a. Doane Date 9/9/9.
Signature of Applicant X book Thee Mon pate 99191	Signature of Applicant X July U. Date 17774
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information gives the Indiana (I see Indiana) is seen and seemed to the configuration in two and correct the Indiana (I see Indiana) is seen and seemed to the Indiana (I see Indiana) is seen and seemed to the Indiana (I see Indiana) is seen and seemed to the Indiana (I see Indiana) is seen and seemed to the Indiana (I see Indiana) is seen and seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) is seemed to the Indiana (I see Indiana) in the Indiana (I see Indiana) is seemed to the Indiana (I
County of HENDRICKS in this application is true and correct. Signed X OND Tagmon	County of HENDRICAS (in this application is true and correct Signed & Quarty Q. Doane
New Address Same as above	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unifocessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded 9-9-91	erk of the Circuit Court of HENDRICKS County, Indiana,
Tudes à Donne , dumorizing the marriage of _	. I further certify that the following marriage certificate was filed in my office:
	. I further certify that the following marriage certificate was fitted in my office. ——— (name), certify that on $\frac{10-5-91}{}$
(date), atBrownsburg	_in Hendricks County, Indiana,
Todd A. Freeman of Hendricks Judy A. Doane of Hendricks Co	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	UEUDNOM

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

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

492

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. Female Applicant 50 No X Y If No, Medical Examination or Report Date Name of Physician Name o	9-9-91 Date of Application Ses □ Sed 5-1990 The large of MD.
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. If No, Medical Examination or Report Date Name of Physician	
MALE APPLICANT FEMALE APPLICANT	
	Lis Day and Fall
Name William Middle Last Name First Middle Karla and	Scott
Date of Birth Month Day Year Date of Birth Month Day	Year 73
Place of Birth (State or foreign country) Cpt 107	
1310 Smithwick Dr. Jacksmylle, Gulaghi Orla, Residence Address Street or R.R. City County State Residence Address Street or R.R. City	County State
Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Never Married OR No. of Previous Marriages	Hendricks, on
	ulment Date
	Date .
Date of birth verified by: ABirth Certificate Other (Specify) Drivers Scenal Date of birth verified by: ABirth Certificate Other (Specify) Drivers Scenal	vers tycense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	No Yes UNO Yes
6. (a) Full name of applicant's father William Wayne Johnson (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	R. Scott moliana lirajaia no D. Webb andiana andiana
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	Date 9/9/
State of Indiana) I swear/affirm that the information given State of Indiana)	I swear/affirm that the information give
County of HENDRICKS Signed William Multipuration is true and correct. Signed William Multipuration New Address Subscribed and sworn to before me this 9 th day of Scott, 19 9 Subscribed and sworn to before me this 9 th day of Scott day of Subscribed and sworn to before me this 9 th day of Subscribed and swo	in this application is true and correct
Connie Fourson Clerk of the HENDRICKS Circuit Court Connie Rouson Clerk of the HENDRIC	Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	marriage. If only one parent signs
State of Indiana) State of Indiana)	Part of the last
County of HENDRICKS ss: County of HENDRICKS ss:	
FatherID #Father	ID #
Subscribed and sworn to before me thisday ofClerk	, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the a	bove named parties, th
and filed in County, authorizes and directs the issuance of a marriage license to	the above named parties
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County, Indiana,
and Karla Ann Scott I further certify that the following marriage certific	cate was filed in my office
Dittahana Handrick	
William Matthew Johnson of Boone County Indiana (state) and	
Karla Ann Scott of Hendricks County Indiana (state) were man	ried by me as authorized
Signed by: /s/ Rev. Dave Kovalow - St. John , Minister (official designation)	еи
Filed and recorded in accordance with the laws of the State of Indiana on 9-16-91 (date).	The Association 4-2 along
Signed Cornie Francon	
Signed HENDRICKS BOYCE FORMS - SYSTEMS 1400-382-4702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 493 ORICKS County File
	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 18 Yes If No, Medical Examination or Report Dated Name of Physician Themse Dates
MALE APPLICANT	FEMALE APPLICANT
Name Thomas Leroy Sonders	Name Marjorie June Walls
Date of Birth Month Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Residence Address Street or R.R. City County State
G Subustan MA Shoulle IN	Esome To.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married CR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Blirth Certificate Other (Specify)	Date of birth verified by: SBirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic begreen?
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Resourt a. Sander	6. (a) Full name of applicant's father Howard W. Walls
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Boad Brove D	Residence of father (if deceased, so state) Dubylle TA
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother worker by	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Constant (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Mosquett W. Tlayd. (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swearfaffirm that the information given	
County of HENDRICKS ss: In this opplication is true and correct. Signed X Jumus Longy Academy New Address	State of Indiana County of HENDRICKS Signed Signe
Subscribed and sworn to before me this day of	Subscribed and sworn to before me-this 9 day of 9 . 19 1
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS 55:
Father ID #	Father
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	tes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clo	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-9-91 , authorizing the marriage of	
, Danny Vaughn	I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-14-91
(date), atIndianapolis	in Marion County, Indiana,
Manada and a 11-11-11-11-11-11-11-11-11-11-11-11-11-	County Indiana (state), and
Marjorie J. Walls of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	nunty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 9-14-91
Signed by: /s/ Danny Vaughn	, Judge, PT (official designation)
Filed and recorded in accordance with the laws of the State of Indiana	9-18-91

Signed Connie

____ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No.

File .

_ Clerk

_Circuit Court

HENDRICKS

_ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No If No, Medical Examination or Report Dated Name of Physician
To orange designing a class b foldity.	
MALE APPLICANT	FEMALE APPLICANT
Name TheoDore Brosevelt Steele	Name First Middle This Last Philler
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 15.70 E. Wain St. Danville, Knorusky, 3n, Previous Marital Status: Never Married OR No. of Previous Marriages 7	Residence Address Street or R.R. City County State 124 Shelfield Dr. Danville, Hendricks, In Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date 62
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Social Security
- - - -	Card -312-22-6913
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Sam Steel a	6. (a) Full name of applicant's father Heards France Toolog
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother the Wickell	(b) Full maiden name of applicant's mother Dollie (unlengum)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying the signature of the above applicant has objected to verifying the signature of the above applicant has objected to verifying the signature of the
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address New Address	State of Indiana County of HENDRICKS Signed X Mey The J. Miller New Address
Subscribed and sworn to before me this 10th day of Sept., 19 9 Commis Sauran Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 10th day of Sept, 19 9 1 Connuc Bausson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS SS:	State of Indiana) Countried HENDRICKS ss:
Father ID #	County of HENDRICAS) Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 9-10-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
andMyrtle Irene Miller	I further certify that the following marriage certificate was filed in my office.
I, A.W. Farnsworth	$\underline{\hspace{1cm}}$ (name), certify that on $\underline{\hspace{1cm}}$ $9-10-91$
(date), at Danville ofHendricks	in Hendricks County, Indiana, County Indiana (state), and
Myrtle Irene Miller of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-10-91
Signed by: /s/ A.W. Farnsworth	, Clergy (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-10-91 (date).

Ted A. Underwood

Mary Kay Esquerdo

of Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of ______ Signed by: ____/s/ Jeffrey A. Trees

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County of Application Yes 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician (Wholes 1). IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT MARCHOOD Never Married OR No. of Previous Marriages Date & Annulment Annulment Death Birth Certificate Other (Specify) Birth Certificate Other (Specify) Wr. Lic Yes 🔲 No X Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 Yes 🗌 No 🗆 er is "yes," has the adjudication been removed? No D Yes 🔲 Yes 🔲 No X Yes 🔲 No D No D Yes 🔲 Yes 🔲 Yes 🔲 No D of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN nts of this applicant, hereby give consent for this marriage. If only one parent sign We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

dated 9-10-91 authorizing the marriage of Ted Alan Underwood Mary Katherine Esquerdo . I further certify that the following marriage certificate was filed in my office: I, Jeffery A. Trees _ (name), certify that on _ Marion (date), at ___Indianapolis County, Indiana,

Indiana

HENDRICKS

(date).

Indiana

9-19-91

County

Signed

County_

_(state), and

County, Indiana, dated _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

HENDRICKS

496

No. _

File

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Date of Birth Day Place of Birth Day Place of Birth Day Place of Birth Day Previous Marital Status: Never Married OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Divorce Date of birth verified by: Birth Certificate Other (Specify) Divorce Date of birth verified by: 1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Year 1. Are you now under the influence of an arcotic drug? Are you now under the influence of an arcotic drug? Are you now under the influence of an arcotic drug? List the full names of any dependent children. And Are you now under the influence of an arcotic drug? No Yes No Yes No Yes No Yes No Yes Are you now under the influence of an arcotic drug? No Yes Are you now under the influence of an arcotic drug? No Yes No Yes Are you now under the influence of an arcotic drug? No Yes No Yes No Yes	Date of Birth Cignitative County Pear Pear
6. (a) Full name of applicant's father Everett Henry Nelson (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 Rosemary Rabel (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT	6. (a) Full name of applicant's father Markin G. Reid (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-10-91 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Sondlin Date 9-10-9 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Los New Address New Address Subscribed and sworp to before me this Low day of HENDRICKS Signed Los Melson New Address Subscribed and sworp to before me this Low day of HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed Cynthiu G, Sandlin New Address Subscribed and sworn to before me this 10 th day of Lept 19 9 1 Connection of the HENDRICKS Circuit County of Lept 19 9 1
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
and filed in, authorize	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cladated9-10-91, authorizing the marriage of andCynthia Bee Sandlin I,Cynthia J. Spence (date), atDanville	Roger Dale Nelson I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-25-91in Hendricks
Roger Dale Nelson of Hendricks	County Indiana (state), and
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Connie Frances Clerk

_ Clerk Circuit Court

497

No. _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HENL	County File
	9-10-91 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	Female Applicant 50 No S Yes If No, Medical Examination or Report Dated \$ - 19 - 91
IC 31-7-3 commits a Class D felony.	Name of Physician Dr. James Brilland, M.D.
MALE ADDITIONAL	
Name First Middle Last	FEMALE APPLICANT
- Darry Tee Sliggard	Carolin Jour Barrickman
Date of Birth Menth Day Year O O	Date of Birth Oxionth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 2701 Carellan In Thirds. Hendrich In 1	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date 2-88
Date of birth verified by: Birth Certificate Kother (Specify) Drivus Ricense	Date of birth verified by: Birth Certificate Other (Specify) Drivers Sicense
Are you now or have you ever been adjudged to be of unsound mind? No. ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. 17 Yes 17	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes □ Are you now under the influence of a narcotic drug? No Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. Camanda Jo Barricland
	andrea Lea Barrichman
6. (a) Full name of applicant's father Bearing allen Blingard	- Carr Part Prof
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Service Oreston Growns (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Austria	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Souline Les Souline (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother anet Delores Fish
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Solomon 9-10-91	immune deficiency syndrome)
Signature of Applicant Date	Signature of Applicant Caroly Said Date 9-10
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS Ss: in this application is true and correct.
Signed Signed	Signed & Caroly Some
New Address Subscribed and sworn to before me this 10th day of Sept., 19 91	New Address Subscribed and sworn to before me this 10-th day of 19 9
Connie Lawren Clerk of the HENDRICKS Circuit Court	Connie Sawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countries HENDRICKS ss:
Father ID #	County of
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
dated 9-10-91, authorizing the marriage of	Barry Lee Blizzard
and <u>Carolyn Louise Barrickman</u>	I further certify that the following marriage certificate was filed in my office:
Barry Lee Blizzard of Hendricks	inHendricks
Carolyn Louise Barrickman Hendricks Cou	nty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Basel L. Shumaker	HENDRICKS County, Indiana, dated 9-17-91
Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)

HENDRICKS

498

_Circuit Court

File _

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes I If No, Medical Examination or Report Dated Name of Physician Dr. Colonles Friggle, MD
MALE APPLICANT	FEMALE APPLICANT
Name Priest Wayne Jempha Date of Birth Month Place of Birth (State or foreign country) Middle Jempha Year 15 47	Name Spirit Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 6 8 C Rolpe Side Dr. Blainfield Hendriche , 3n . Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 6 - 89	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 Anther (Specify) Drivers Sycense	Date of birth verified by: Birth Certificate (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Second Cousin? No Yes Second Cousin? No Yes Second Cousin? No Yes Second Cousin? No Yes Second Cousin? No Second Cous	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Applicant House Jempson (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	6. (a) Full name of applicant's father Standard Color
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromal) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed Signed Address New Address Subscribed and sworn to before me this	State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Aday of Subscribed and sworn to before me this HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana) ss: County of HENDRICKS) ss: Father
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cladated 9-11-91, authorizing the marriage of	Robert W. Tempke
I,Cynthia J. Spence (date) at Danville	in Hendricks County, Indiana,
C D	unty Indiana (state) were married by me as authorized
	Signed Come Lawson Clerk HENDRICKS Circuit Court

____ (state) were married by me as authorized _____ County, Indiana, dated _____ 9-14-91

_ Clerk Circuit Court

(official designation)

(date).

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	No. 499
HEND	
	9 − 12 − 9 \\ Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🛛 Yes 🗆 If No, Medical Examination or Report Dated 8-14-91 Name of Physician On Report Dated 8-14-91
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Hast Last Meyer
Date of Birth Robert Le Allen Mathis Day Year 3	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
RRI BOX 330 Pattabour	Q. R. 1 Box 330, Patteloro, Hendrick, In.
Previous Marrital Status: Never Married C OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate QOther (Specify) Dr. Tie	Date of birth verified by: Birth Certificate Other (Specify) Drivers Lucinol
1 Are you now or have you ever been adjudged to be of unsound mind? No 10 Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Robert Herry Mathie	6. (a) Full name of applicant's father Boolert Lewis Meyer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Mariatown IN	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother.	(b) Full maiden name of applicant's mother Maraherita Rose Mava
(b) Full maiden name of applicant's mother Defended is adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Sndiana
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a tist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	State of Indiana) I swear/affirm that the information giv
State of Indiana County of HENDRICKS SS: Ss: I swearjaffirm that the information given in the property of	HENDRICKS SS:
Signed Lowell I Wanter and correct.	Signed Lann M. Meyer in this application is true and corre
New Address Subscribed and sworn to before me this 12 day of Sapt., 19 91	New Address
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 12th day of Sept., 19 91 Connie Source Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig state facts which make the consent of the other parent unnecessary
Shake of Indiana	State of Indiana)
State of Indiana) County of HENDRICKS)	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID # ID # , 19
Subscribed and sworn to before me thisday of, 19Clerk	Substituted and Sworm to before the this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana
dated 9-12-91, authorizing the marriage of _	Robert Leallen Mathis
and Ann Marie Meyer	I further certify that the following marriage certificate was filed in my office
I, William D. Cleary (date), at Rushville	in Rush County, Indiana,
Robert L. Mathis of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorize

Pastor

9-18-91

Ann M. Meyer of Rush Count under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: _/s/ Rev. William D. Cleary
Filed and recorded in accordance with the laws of the State of Indiana on _____

500

HEND	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year Year	Date of Birth Month Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
101 Post O Call Dr. A Shapp.	514 Wayside Ct. Ply
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dr. Arc.	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No☐ Yes☐
2. Are you related to the female applicant closer than second cousin? Not Yes ☐ 3. Are you now under the influence of an alcoholic beverage? Not Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Mondal Dean Hank	6. (a) Full name of applicant's father Robert type Johnson
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state).
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother whith and John	(b) Full maiden name of applicant's mother Shirley Surgue Duk
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state).	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant X Typone Dean Hawk Date 9/12/9/	Signature of Applicant X James
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed X Typne Plan Haw R	County of HENDRICKS
New Address Some 90 above	Signed A GULLA GHILLING JOHNSON
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-12-91 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, Carl Akard Riley	$\underline{\hspace{1cm}}$ (name), certify that on $\underline{\hspace{1cm}}$ $9-21-91$
(date), atPlaintfield	in Hendricks County, Indiana,
	County Indiana (state), and
	(State) were married by me as authorized
Signed by: /s/ Carl Akard Riley	
Filed and recorded in accordance with the laws of the State of Indiana on_	9-26-91 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

501

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDA	RICKS County File
	Oate of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 15 Yes If No, Medical Examination or Report Dated Name of Physician Tage Plate
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Day Year	Date of Birth Mooth Day War
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	(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 Adulta Physical Date 9/12/91
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	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address 11030 W. Washington st Judicapplic Subscribed and sworn to before me this 24 day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Mayor Signed Mayor Sept 19 9 1 19 1 19 1 19 1 19 1 19 1 19 1
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana) ss: County of
County	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl dated 9-16-91, authorizing the marriage of	Imtiyazahmed I. Dalal
I. Omar Al-Khattab	I further certify that the following marriage certificate was filed in my office: (name), certify that on9-20-91inHendricks County, Indiana,
Imtiyazahmed I. Dalal of Hendricks	County Indiana (state), and

, <u>Imam</u> 9-20-91

(date).

_ Clerk Circuit Court

Signed by: /s/ Omar Al-Khattab
Filed and recorded in accordance with the laws of the State of Indiana on_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

_Circuit Court

FEMALE APPLICANT First Middle Last Agonth Day Year To State or foreign country) Tess Street or R.R. City County State S, 350W, Dannile Him Oricles In
FEMALE APPLICANT First Middle Can Durnett Agonth Day Year 1 2 7 0 State or foreign country) ress Street or R.R. City County , State
First Middle Last Agonth Day Year 1 2 1 9 7 0 State or foreign country) ress Street or R.R. City County , State
First Middle Last Agonth Day Year 1 2 1 9 70 State or foreign country) ress Street or R.R. City County , State
State or foreign country) Tess Street or R.R. City County , State
State or foreign country) The state of R.R. City County , State
ress Street or R.R. City County , State
3,350W, Danville, His Willes, on.
Il Status: Never Married OR No. of Previous Marriages
Ended By: Death Divorce Annulment Date
rified by: Birth Certificate Other (Specify)
ou now or have you ever been adjudged to be of unsound mind?
wer is "yes," has the adjudication been removed?
ou related to the male applicant closer than second cousin? No □ Yes □ No □ Yes □
u now under the influence of an alcoholic beverage? No Yes u now under the influence of a narcotic drug? No Yes
e full names of any dependent children. Kyla ann Condon
010070
Full name of applicant's father Sichard E. Burnett
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)
Full maiden name of applicant's mother Satricia a, Finche
(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Simples of money (class of foliage country)
applicant has objected to verifying by oath or affirmation or signature to the above the teause of religious beliefs.
Date
tha) I swear/affirm that the information given HENDRICKS ss:
Signed X angela a. Survett
ew Address
and sworn to before me this 12th day of Sept., 19 91 HENDRICKS Circuit Court
F PARENTS, PARENT, OR GUARDIAN
rents of this applicant, hereby give consent for this marriage. If only one parent signs, nich make the consent of the other parent unnecessary
HENDRICKS SS:
ID #
ID #
nd sworn to before me this day of, 19
license having been refused to the above named parties, the
modified flaving been relused to the above named parties, the
urt, by written order issued
urt, by written order issued
tests the issuance of a marriage license to the above named parties. **RRIAGE CERTIFICATE** **Irrcuit Court of HENDRICKS County Indiana**
treath of the issuance of a marriage license to the above named parties. **ARRIAGE CERTIFICATE** **Irrcuit Court of HENDRICKS County, Indiana, S. Condon**
tests the issuance of a marriage license to the above named parties. ARRIAGE CERTIFICATE fircuit Court of HENDRICKS County, Indiana, S. Condon To certify that the following marriage certificate was filed in my office: 1019 115 - 91
test the issuance of a marriage license to the above named parties. ARRIAGE CERTIFICATE Fircuit Court of HENDRICKS County, Indiana, To certify that the following marriage certificate was filed in my office: The indiana of the county of the certify that on County, Indiana, The indiana of the county of the certify that on County, Indiana,
tests the issuance of a marriage license to the above named parties. ARRIAGE CERTIFICATE ircuit Court of HENDRICKS County, Indiana, recertify that the following marriage certificate was filed in my office: tel, certify that on Particks County, Indiana, Indiana (state), and
test the issuance of a marriage license to the above named parties. ARRIAGE CERTIFICATE Fircuit Court of HENDRICKS County, Indiana, Solve County of Solve Co
art, by written order issued
ec

Signed by: /s/ Scott C. Tarter

Filed and recorded in accordance with the laws of the State

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No to Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** OR No. of Previous Marriages Never Married OR No. of Previous Marriages Never Married Previous Marital Status: Previous Marital Status: Date 10.29.90 Last Marriage Ended By Divorce 🔀 Date 12 90 Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Dother (Specify) No A Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 No 🗌 Yes 🔲 Yes 🔲 If answer is "yes," has the adjudication been removed? No 🖾 Yes 🔲 Yes 🔲 No 🔯 Yes 🔲 No 🔯 Yes 🗌 Are you now under the influence of a narcotic drug? No 🖾 Yes 🔲 No D Yes 🔲 (a) Full name of applicant's father ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS HENDRICKS HENDRICKS HENDRICKS (newspreng) CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give state facts which make the consent of the other parent unnecessary state facts which make the consent of the other pr HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage lice County _ , authorizes and dire RETURN OF MARRIAGE LICENSE AN' I certify that there was filed in my office a marriage license issued by the Clerk dated 9-13-91 , authorizing the marriage of _W and Heather P. Steele
I, Scott E. Tarter (date), at __Danville of Hendricks
Hendricks William F. Linnabary Heather P. Steele under a marriage license that was issued by the Clerk of the Circ

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEN	No No S 03 Pricks
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ♥ Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Makael Herby
	FEMALE APPLICANT
MALE APPLICANT Name First Middle Last	Name First Middle Stast
Date of Birth Month Day Year 3	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 10.29.90	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Pr. Lic.
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes ✓	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
 Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 	3. Are you now under the influence of an alcoholic beverage?
 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Exic Dilliam Linnabar 	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Isancis dinabaty	6. (a) Full name of applicant's father Durid Lea Starle
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **The control of the con	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Thinks Young Dingrisk
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (if deceased, so state) Totals as the Birthplace of mother (State or foreign country)
ACKNOWLEDGMEN	PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS
I acknowledge that I have received information regar	SEA
that are sexually transmitted, and a list of the test sites immune deficiency syndrome).	
Signature of Applicant	2a. Res 5a. Writ 10. Day (Moo) 113a 11 113a 113
The above applicant has objected to verifying by oath	County Bo Be Number Bo Be Couple Bo Be Couple Bo Be Couple Bo Be Couple Bo
The above applicant has objected to verifying by oath acknowledgment because of religious beliefs. Clerk of Court	2 m 2 m
	Town Twp. or 1 th bo. or 1 th
County of HENDRICKS SS: 4100N	
Signed APTER New Address	Tirst I I I I I I I I I I I I I I I I I I I
Subscribed and sworn to before me this day	M Number of Number of Number of Custod of Cust
THON CREACE NEW ENTERNACE OF THE PROPERTY OF T	or ywas A Sopri
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent to	CINVALIDITY 2b Coun By Midd Pe al 6b Coun Bon Won Won Awarded To:
state facts which make the consent of the other parent unnecess	CE IDITY CE COUNTY BOOM MINISTER PRATE BOOM MINISTER PRATE BOOM MINISTER PRATE BOOM MINISTER PRATE PRATE BOOM MINISTER PRATE P
State of Indiana) State of Indiana State	STATE OF IL CERTIFICATE OF Y OF MARRIAGE Franc Middle Franc Li IT 1 City No children FOR COURT 17. Signature of Co.
County of	IFIC MAP
Mother	STATE OF II IFICATE OF MARRIAGE Middle Fir an C 22 21 21 22 21 21 21 21 21 21 21 21 21
C CLERY THE CO.	
COMPLETE IF MARRIAGE LICENSE ISS	C S S F F F S C C S S S S S S S S S S S
and filed in	J. Stale 3.
HE C C	State of Birth Name Country Name Country Count
I certify that there was filed in my office a	ARATION ARATION Li Li Li Is in This House O O Blty MEYER Le, II
	Added to His H
dated 9-13-91 Heather P. Steele	TI Pass Nus Cas Ca
and Heather P. Steele I. Scott E. Tarter	Street Street
and Heather P. Steele I, Scott E. Tarter (date), at Danville William F. Linnabary	COUNTINATE OF THE STATE OF THE
and Heather P. Steele I, Scott E. Tarter (date), at Danville William F. Linnabary Heather P. Steele	COUNT COUNT COUNT COUNT As Date of 8 4-30 St Asid St A
and Heather P. Steele I, Scott E. Tarter (date), at Danville William F. Linnabary Heather P. Steele under a marriage license that was issued by	Street or Street

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

504

9-13-91
Date of Application

MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name Super Yare Me Farling
te of Birth Honth Day Year Year	Since I the succession
e of Birth Day Year Day 1964 Company Page Pa	10 17 1964
Indiana	Place of Birth (State or foreign country)
dence Address Point The Verness, Fart Wayne, aller, Gunty State	A 1135 Red Oak Dr. Darville, Headrich, Andlina
ious Marital Status: Never Married 🗹 OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Torous marital Status. Thereir maritals [K] On No. of Previous Maritages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Souther (Specify) Driver's Lucinal	Date of birth verified by: Birth Certificate Sother (Specify) Driver's License
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	
Are you now under the influence of a narcotic drug?	Are you now under the influence of an alcoholic beverage? No Yes No Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father James L. Creenley	Delant Marchine
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Robert E. Me Fashing of
Residence of father (if deceased, so state) Andline	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Midlesa	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Slozense Deltone	(b) Full maiden name of applicant's mother facqueline K. Black
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Hullana	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ne deficiency syndromes her Gumley 4 Date 9-13-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant A Justin January Philippy Date 973
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs. So of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant A Susua January Date 973.4
above applicant has objected to verifying by oath or affirmation or signature to the above lowledgment because of religious beliefs.	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed ALLIAN AND THE ANDRICKS New Address 6919 Pirat Mulicus For Hendricks Subscribed and sworn to before me this Date HENDRICKS Aday of Legislature, 19 61
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs. To f Indiana The system of the syste	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Signed New Address Signed New Address Subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the information give in this application is true and correct the subscribed and sworn to before me this 1 swear/affirm that the vice in the subscribed and swear the subscribed and subscribed and swear the subscribed and subscr
above applicant solutions beliefs. To above applicant has objected to verifying by oath or affirmation or signature to the above overledgment because of religious beliefs. To Court Date To I swear/affirm that the information given in this application is true and correct. Signed American Signed I swear/affirm that the information given in this application is true and correct. New Address Same as Court HENDRICKS Circuit Court Court SENT OF PARENTS, PARENT, OR GUARDIAN	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant August August August August August Date 973 described and supplicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS signed August August Dayse, Signed New Address 6979 Piral Movements of the August Dayse, Subscribed and sworn to before me this day of Supplimites 1997 Consent Of Parents, Parent, Or Guardian
above applicant because of religious beliefs. of Court Of Indiana I swear/affirm that the information given in this application is true and correct. Signed X Amys had runnelly for this application is true and correct. New Address Same as Clerk of the HENDRICKS Circuit Court CENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant August Aug
above applicant has objected to verifying by oath or affirmation or signature to the above overledgment because of religious beliefs. To f Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant August August August August Date 973 described and sworn to before me this August Augus
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above applicant solutions beliefs. above applicant has objected to verifying by oath or affirmation or signature to the above obvious definition of religious beliefs. of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Aucus January Laurange Date 973 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Aucus January
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above applicant has objected to verifying by oath or affirmation or signature to the above swiedgment because of religious beliefs. of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Cierk of Court Date State of Indiana County of HENDRICKS Signed AUSIA Philate Movements of the Subscribed and sworn to before me this days of HENDRICKS Cierk of the HENDRICKS Circuit Courted Consent of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Mendricks Subscribed and sworn to before me this day of 10 # Mendricks Circuit County of HENDRICKS Subscribed and sworn to before me this day of 10 # Mendricks Circuit County of HENDRICKS Subscribed and sworn to before me this day of 10 # Mendricks Circuit County of 10 #
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above applicant has objected to verifying by oath or affirmation or signature to the above wiveldgment because of religious beliefs. of Court	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquir immune deficiency syndrome). Signature of Applicant Authority Signature of Applicant Authority Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Authority Signature That the information give Subscribed and sworn to before me this 12 day of Leptimus Signature County of HENDRICKS Clerk of the HENDRICKS Circuit Court County of HENDRICKS Clerk of the HENDRICKS Circuit Court of HENDRICKS Signed Authority Signature That the information give Consent of this application is true and correspond to the subscribed and sworn to before me this 12 day of Leptimus 19 Circuit Court of HENDRICKS Signature That the subscribed and sworn to before me this day of 19 Circuit Court of HENDRICKS Signature That the subscribed and sworn to before me this day of 19 Circuit Court, by written order issued 10 marriage license having been refused to the above named parties and directs the issuance of a marriage license to the above named parties of the Circuit Court of HENDRICKS County, Indiana, James Lee Crumley II 11 Infurther certify that the following marriage certificate was filed in my office (name), certify that the following marriage certificate was filed in my office (name), certify that the following marriage certificate was filed in my office (name), certify that (state), and 11 diana (state), and 11 diana (state) were married by me as authorized that the following marriage (were married by me as authorized that the following marriage (state) were married by me as authorized that the following marriage (state) were married by me as authorized that the following marriage (state) were married by me as authorized that the following marriage certificate was filed in my office that the following marriage certificate was filed in my office that the following marriage certificate was
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HEND	No
HEND	County
	9-17-9 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 🖄 Yes 🗆
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician Dr. Slew Booker, MD
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT Name / First Middle Last	FEMALE APPLICANT Name o First Middle Last
Date of Birth Month Day War	Date of Birth Month Day Your
3 24 69	3 18 69
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Pholiana
Residence Address Street or R.R. City County State OR, OR, 1 Stock 150 A Outtobor Granular Inchange on .	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify)
The supers of the second	- Duvers occurse
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. ———————————————————————————————————
b. List the full names of any dependent clindran.	S. List the foll finance of any dependent crimores.
Con 10 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	8 9 1 8 . 0 1 . 1
6. (a) Full name of applicant's father Chnol & Eughe Mugers	6. (a) Full name of applicant's father Botert Bourgmond Jactor
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Muchana
(b) Full maiden name of applicant's mother Setha Trouse Davia	(b) Full maiden name of applicant's mother Carelyn ann Spe
(If adopted, list adoptive parents only) Residence of mother (If deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease:
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). M. I 1 0x 2m a land	immune deficiency syndrome).9
Signature of Applicant X Michael B. Mybred Date 9/17/91	Signature of Applicant X dealis a Tactoch Date 9-17-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS Ss: In this application in true and correct	State of Indiana) I swear/affirm that the information given
Signed & Michael B. Myers	County of HENDRICKS in this application is true and correct Signed Signed
Hem Address	New Address
Subscribed and sworn to before me this 17th day of Scott , 19 91	Subscribed and sworn to before me this 170 day of Sept., 19 9) Commission of the HENDRICKS Circuit Court
Corrue Dawser Clerk of the HENDRICKS Circuit Court	Comme Spusser Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
and Leslie A. Taesch , authorizing the marriage of	Michael G. Myers I further certify that the following marriage certificate was filed in my office:
(date), at Maplewood	_ in _ Hendricks County, Indiana,
Michael G. Myers of Hendricks Leslie A. Taetsch of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Raymond H. Duff	,
Filed and recorded in accordance with the laws of the State of Indiana on_	10-9-91 (date).

Signed .

__ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

506

No. _

File_

HENDRICKS

Circuit Court

_ County

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ⋈ Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Dr. Harris MO.
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
lame First Middle C Last	Name First Middle Last
late of Birth Month Day Year	Date of Birth Month Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address , Street or R.R. City County State
3903 W. 350N Danille Hendrick, In.	2002 High Earle Ir. # 1005, Speedway, Marion, In
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
sst Marriage Ended By: Death Divorce Annulment Date 7 - 86	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Kother (Specify) Drivers License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. ✓ Yes □
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Note Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
List the full names of any dependent children.	S. List the fall flather of the dependent different
0-100-50-5	P
(a) Full name of applicant's father Ofonald Dean Dodow, St.	6. (a) Full name of applicant's father Jawrence Umer Junninghan
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Prescilla Jan Himsel	(b) Full maiden name of applicant's mother John Elizabeth Denn
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Bittiplace of mother (state of foreign country)	
the above applicant has objected to verifying by oath or affirmation or signature to the above	Signature of Applicant Sandlak Cuning Date 9-16-9 The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court Date
Signed Keneld A Local Is swear/affirm that the information given in this application is true and correct. New Address 27 48 Embassus Coop 1, 527 Subscribed and sworm to before me this 15th day of Scott 1, 19	State of Indiana County of HENDRICKS Signed County of HENDRICKS New Address Subscribed and sworn to before me this
Connue Sauson Clerk of the HENDRICKS Circuit Court	Connie Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state of Indiana)	State of Indiana
county ofHENDRICKS	County of
fatherID #	FatherID #
tother ID # in the properties and sworn to before me this day of , 19 in the properties and sworn to before me this day of	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
und Sandra K. Cunningham	I further certify that the following marriage certificate was filed in my office:
, David B. Market	(name), certify that on
(date), atIndianapolis Ronald D. Dodson, Jr. of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as, authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ David E. Markle	f HENDRICKS County, Indiana, dated 9-21-91 Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-26-91 (date).

507

No.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND!	RICKS County File
	9-17-91 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 9-17-91 Name of Physician Darrett Harris MD
MALE APPLICANT	FEMALE APPLICANT
Name First	Name
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 dist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-17-91 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed Signed Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Subscribed and sworn to before me this Clerk of the Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 17th day of HENDRICKS Circuit Courted the HENDRICKS Circuit Courted the HENDRICKS Circuit Courted the HENDRICKS Circuit Courted the HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Tather	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father ID # Subscribed and sworn to before me this day of 19
and filed in, authoriz	A marriage license having been refused to the above named parties, the Court, by written order issued ces and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl dated 9-17-91, authorizing the marriage of	Shane W. Fields
(date), at Avon Shane W. Fields of Morgan	I further certify that the following marriage certificate was filed in my office. (name), certify that on9-28-91 inHendricks
Heather M. Medcalf of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Perry Anderson Filed and recorded in accordance with the laws of the State of Indiana on	ounty Indiana (state) were married by me as authorized

Clerk _Circuit Court

Signed

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDR	No
	9-18-91 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Storbaris and Jacker
Date of Birth Day Year 5	Date of Birth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Spain
Residence Address Street or R.R. City County State. 20792	Previous Marital Status: Never Married & OR No. of Previous Maritages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐
2. Are you now under the influence of an alcoholic beverage? No 🔁 Yes 🗆	2. Are you related to the male applicant closer than second cousin? No A Yes 3. Are you now under the influence of an alcoholic beverage? No A Yes Ye
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes No	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Colly Charles Thurcum	6. (a) Full name of applicant's father Torre Cart Student (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Deorogia See Mes Dell	(b) Full maiden name of applicant's mother Notothy Jane Wars
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) In Diane
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Ss: I swear/affirm that the information given in this application is true-and correct.	State of Indiana County of HENDRICKS Signed Stephanie A Caylor I swear/affirm that the information given in this application is true and correct.
New Address	New Address Subscribed and sworn to before me this 18-th day of Sept. 19 9
Subscribed and sworn to before me this	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
County of	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated 9-18-91, authorizing the marriage of	Barry D. Marcum
and Stephanie A. Taylor	I further certify that the following marriage certificate was filed in my office:
I, Rev. Carl R. Prokop, Jr. (date), at Brownsburg-Bethesda Baptist Church	in Hendricks County, Indiana,
Barry D. Marcum of Hendricks	County Indiana (state), and
Stephanie A. Taylor of Hendricks C	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Carl R. Prokop, Jr.	f HENDRICKS County, Indiana, dated 9-28-91 Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	10-21-91 (date).

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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

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician 11/000011 Party
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	
Raymend Douglas Madalin	Name First Middle Scada Date of Birth Day Scada Vear
11 19 71	712 27 70
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☑ OR No. of Previous Marriages	Previous Marital Status: Never Married 🖾 OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: **Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No ∀ Yes □
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Full name of applicant's father Edward M. Modalin A.	6. (a) Full name of applicant's father Magazy Scoda
6. (a) Full name of applicant's father throad IV. IV. daguery. (if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) North Salor Ind.	Residence of father (if deceased, so state) Warrelle Sed.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Michigan
(b) Full maiden name of applicant's mother Ethel Boston	(b) Full maiden name of applicant's mother 30 1500 1
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ACKNOWLEDGMENT
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information gives the interest of t
County of HENDRICKS In this application is true and correct.	signed & amaxta Scala
New Address	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk of the MENDRICKS Circuit Court	Charle HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS 98:
Father	Father ID #
MotherID #	Mother
Subscribed and sworn to before me thisday of 19	Subscribed and sworn to before me thisday of, 19
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorize RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE	Court, by written order issued zes and directs the issuance of a marriage license to the above named partie SE AND MARRIAGE CERTIFICATE
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the County and Angela M. Scoda I, LeRoy Pickering	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the County and Angela M. Scoda I, LeRoy Pickering (date), at Danville	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County and filed in RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the County and Angela M. Scoda I, LeRoy Pickering (date), at Danville Raymond Douglas Modglin of Hendricks Angela May Scoda Angela May Scoda Of Hendricks County Angela May Scoda County Anthorization Return OF MARRIAGE LICENSE Angela May Scoda Return OF Marriage of License issued by the County Angela May Scoda OF Hendricks County Angela May Scoda County County County Angela May Scoda County County County Angela May Scoda County C	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued

The state of the property of the state of the property of the	HEND	RICKS County File 9-18-91
Person who is recoveringly fournishes false information to a clark of the clark coult when the person applies for a marriage license under 2.31-7.3 commits a Class to Biothy. If you have the person applies for a marriage license under 2.31-7.3 commits a Class to Biothy. If you have the person applies for a marriage license under 2.31-7.3 commits a Class to Biothy. If you have the person applies to the perso		Date of Application
The state of the first country comp. If you was an an an analysis was the state of	person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under	If No. Medical Examination or Report Dated
The property of the control of the c		
The source and application to the source of	ace of Birth Month Day Year Accord Birth (State or foreign country)	Date of Birth Month Day Year Place of Birth (State or foreign country)
Any so case or have go; one down shipping to be of uncound month If any so, have a frame go; one down shipping to be of uncound month If any so, have the adjudance to be of uncound month If any so, now or frame go; one down shipping to be of uncound month If any so, now or frame go; one down shipping to be of uncound month If any so, now or frame frame adjudance to be of uncound month If any so, now or frame frame adjudance to be of uncound month If any so, now or frame frame adjudance to be of uncound month If any so, now or frame frame adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or frame the adjudance to be of uncound month If any so, now or the any shape adjudance to adjude the sound month If any so, now or the any shape adjudance to adjude the sound month If any so, now or the any shape adjudance to adjude the sound month If any so, now or the any shape adjudance to adjude the sound month If any so, now or the any shape adjudance to the sound month If any so, now or the any shape adjudance to adjude the sound month If any so, now or the any shape adjudance to adjude the sound month If any so, now or the any shape adjudance to any shape adjude the sound month If any so, now or the any shape adjudance to any shape adjude the shape adjudent	Street or R.R. City Coupty State Street or R.R. OR No. of Previous Marriages OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
The second and the full records of the control of t		
The stockes of the stockers parent only. Residence of time (1 decases, to steep) Bit Fall mades mand of decases, to steep county. Bit Fall mades mand of application from the steep county. Bit Fall mades mand of applications or toward or application or toward or appli	If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Ves Yes Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes
It accepts the adoption previous only. Besidence of monther (Date or foreign country). ACHOMOLEDOMENT ACHOMIC DOMENT ACHOM	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) TN Birthplace of father (State or foreign country) TN
acknowledge that I have received information regarding dangerous communicable diseases that are secully transmitted, and a set of the set also for the virus that causes ADS (acquired improvement of Appointment of App	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state) TN	Residence of mother (if deceased, so state) IN
Consideration because of religious beliefs. County of MENDRICGS State of Indiana I severitifirm that the information given in this application is true and correct. Significant of Indiana County of MENDRICGS Signed Delta Observe of the application is true and correct. New Address PL Beylin County of MENDRICGS Signed Delta Observe of the application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. Signed Delta Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the Application is true and correct. New Address PL Beylin County Observe of the	acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndroma).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
in this application is true and correct. Signed Additional Signed Signe	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	Signed New Address New Address Supporting the property of th	County of HENDRICKS Signed New Address BR Z Bon 113 County of Hendrick Superior Hendrick Signed Subscribed and sworn to before me this day of Sept. 19
Subscribed and sworn to before me this	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Subscribed and sworn to before me this	County of	County of HENDRICKS ss: Father ID #
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of John R. Wilson I man diama L. Wood John R. Wilson Marriage certificate was filed in my office: I man diama L. Wood John R. Wilson Marriage certificate was filed in my office: I man diama L. Wood John R. Wilson Marriage certificate was filed in my office: I marriage license that was issued by the Clerk of the Circuit Court of John R. Wilson Marriage certificate was filed in my office: I marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91 Signed by: /s/ Wilbert A. Cunningham (official designation)	Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of John R. Wilson I man diama L. Wood John R. Wilson Marriage certificate was filed in my office: I man diama L. Wood John R. Wilson Marriage certificate was filed in my office: I man diama L. Wood John R. Wilson Marriage certificate was filed in my office: I marriage license that was issued by the Clerk of the Circuit Court of John R. Wilson Marriage certificate was filed in my office: I marriage license that was issued by the Clerk of the Circuit Court of Marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91 Signed by: /s/ Wilbert A. Cunningham (official designation)	COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of determined and 10 marriage of 10 ma	County	Court, by written order issued
dated 9-18-91 , authorizing the marriage of John R. Wilson I further certify that the following marriage certificate was filed in my office: I, Wilbert A. Cunningham (name), certify that on 10-5-91 Indianapolis in Marion County, Indiana, (state), and Indiana (state), and Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Wilbert A. Cunningham , County Indiana (official designation)		
(date), at Indianapolis in Marion County, Indiana, John R. Wilson of Hendricks County Indiana (state), and Tina L. Wood 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 9-18-91 Signed by: /s/ Wilbert A. Cunningham (official designation)	dated 9-18-91, authorizing the marriage of _	John R. Wilson
(date), at Indianapolis in Marion County, Indiana,	andTina L. Wood	I further certify that the following marriage certificate was filed in my office:
Tina L. Wood 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 9-18-91 Signed by: /s/ Wilbert A. Cunningham (official designation)	(date), at Indianapolis	in Marion County, Indiana,
under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91 Signed by: /s/ Wilbert A. Cunningham Chaplain (official designation)		County Indiana (state) were married by me as authorized
Signed by	under a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 9-18-91
	Filed and recorded in accordance with the laws of the State of Indiana on_	- i - contact designation
		Signed Clerk HENDRICKS Circuit Court

511

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	RICKS County File
	9-19-91 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 Roy Howell, MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State 1078 St. 80, 267, Morrewille, Hendrichen, Sn.	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annuiment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Chester Edward Handler (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 Catrudia Carmol Boroth (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Marian Arthur Duffman (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 Mary (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-19-91 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 Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Dean Handlan New Address Subscribed and sworp to before me this 9th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signe
Clerk of the HENDRICKS Circuit Court	Connie Syamoson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) County of HENDRICKS) Ss:
Mother ID #	MotherID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
and Penny Sue Huffman	I further certify that the following marriage certificate was filed in my office:
I,John W. McFarland (date), atBainbridge	(name), certify that on9-21-91in Putnam County, Indiana,
	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ John W. McFarland	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-24-91 (date). Signed Connie Sauraen Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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File _

To assess of symbol the designation there introduced in the control of the contro	231-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No & Yes If No, Medical Examination or Report Dated Name of Physician & M. Redector Week, MD
The action of the property them. The property of the property them. The property of the p	MALE APPLICANT	FEMALE APPLICANT
The anti-order plant of the service	Thickael Bay Vallace of Birth Month Day Year	Date of Birth Ronda So Say Fendadd Year 31 69
The states these two formation in particular planes thereion in the states that the states the states the states that the states and the stat	Indiana	Residence Address Street or R.R. City County State
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Any purpose under the finances of a security of the security o		
the parties and the parties of a second copy of the parties of the second of the parties of the	Are you related to the female applicant closer than second cousin?	
List the but names of any depotored children. (i) Full name of applicant's tables. (ii) Full name of applicant's tables. (iii) Full name of applicant's tables. (iii) Rutings of the following contents. (iii) Full names name of applicant's tables. (iii) Full names and applicant's tables. (iii) Full names and applicant's tables. (iii) Full names and applicant's name. (iii) Full names and applicant		
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The above applicant has colored to verifying by oath or attirmation or signature to the above applicant has colored to footed. The above applicant has colored to verifying by oath or attirmation or signature to the above applicant has colored to the above applicant has application in the application applicat	(a) Full name of applicant's father Bufus allen Wallace	
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Residence of mother (if deceased, so state) Bringlace of mother (the or trough content) Bringlace of mother (the or trough content) Bringlace of mother (the or trough content) ACKNOWLEDOMENT acknowledge that I have received information regarding dangerous communicable diseases has are security transmitted, and a list of the less like to the virus that causes ADS (acquired manure deficiency syndrom). Signature of Applicant Nat objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant		
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acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sizes for the vivus that causes AIDS (soquiment) immune deficiency prefronce). Signature of Applicant Mullical Date	Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test siles for the virus that causes ADS (acquired minume addicisery syndroms). Implication of Applicant As objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verifying by cath or affirmation or signature to the above applicant has objected to verify		
Conserved digenent because of religious beliefs. Date Date Court Date Date Date Date Date Date Date Dat	at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
New Address Supercited and sworn popetore me this Q+L day of Section Secti	knowledgment because of religious beliefs.	9-19-91
Signed Michael Mallace New Address Source Ne	HENDRICKS SS:	HENDRICKS SS:
Subscribed and sworn to before me this Q1 day of SCONDENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Subscribed and sworn to before me this — Subscribed and sworn to b	Signed Micheel Wallace	V 0 11 0
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this County COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to county without order issued County of HENDRICKS COUNTY COURT. A marriage license having been refused to the above named parties, to county written order issued County of HENDRICKS COUNTY COURT. A marriage license having been refused to the above named parties, to county written order issued County of HENDRICKS COUNTY COURT. A marriage license having been refused to the above named parties, to county written order issued County of HENDRICKS COUNTY COUNT, by written order issued County indiana County indiana County indiana County indiana County indiana (state), and County indiana Cou		New Address Subscribed and sworn to before me this 19th day of Sept. 19 91
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	The state of the s	Connie Francisco Clerk of the HENDRICKS Circuit Cour
County of HENDRICKS Father	e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
County of HENDRICKS Father	ate of Indiana	State of Indiana
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to County	HENDRICKS SS:	County of
Subscribed and sworn to before me this		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, to County	ubscribed and sworn to before me thisday of, 19	
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 9-19-91 , authorizing the marriage of Michael Ray Wallace I further certify that the following marriage certificate was filed in my office and Ronda Jo Kendall . I further certify that the following marriage certificate was filed in my office and Stilesville . In Hendricks County, Indiana (state), and Ronda J. Kendall of Hendricks County Indiana (state), and State), and Ronda J. Kendall of Hendricks County Indiana (state) were married by me as authorized and a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated		A marriage license having been refused to the above named parties, th
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana dated 9-19-91, authorizing the marriage of Michael Ray Wallace I further certify that the following marriage certificate was filed in my office and Ray Wallace I further certify that the following marriage certificate was filed in my office and Ray Wallace (name), certify that on Hendricks County, Indiana, (state), and Rondal R. Wallace of Hendricks County Indiana (state), and Ronda J. Kendall 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		
dated9-19-91, authorizing the marriage of	RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
And Ronda Jo Kendall If further certify that the following marriage certificate was filed in my office and Ronda Jo Kendall If under a marriage license that was issued by the Clerk of the Circuit Court of Indiana (state), and Indiana, and Indiana (state), and Indiana, and Indiana (state), and Indiana (state), and Indiana, Indiana, Indiana, and Indiana, Ind	certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
(date), at Stilesville (date), at Stilesville (mame), certify that on Hendricks (mame), certify that on Hendricks (county, Indiana, (state), and State), and State (state), and State (state) were married by me as authorized that a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS (name), certify that on Hendricks (county, Indiana, dated 9-21-91	nd Ronda Jo Kendall	I further certify that the following marriage certificate was filed in my office
Michael R. Wallace of Hendricks County Indiana (state), and	V. Ray DIXON	(name), certify that on
under a marriage license that was issued by the Clerk of the Circuit Court of	Michael R. Wallace of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court ofCounty, Indiana, dated	U de la che	0 21 01
Signed by: /s/ V. Ray Dixon Reverend (official designation)		HENDRICKS

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

<u>HENI</u>	DRICKS County File
	9-19-91 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 X Yes I If No, Medical Examination or Report Dated 9-19-91 Name of Physician Dr. Fric Yearle, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Victor allen Dorper	Name Christian Helde Russell
Place of Birth Month Day Year Place of Birth (State or foreign country) Place Address Street or R.R. City County State	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 A OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense
Are you now or have you ever been adjudged to be of unsound mind? Notice Yes	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No. Yes 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No.To. Yes C.
4. Are you now under the influence of a narcotic drug?	100
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Are you now under the influence of a narcotic drug? No Are you now under the influence of a narcotic drug? No Are you now under the influence of a narcotic drug? No Are you now under the influence of a narcotic drug?
	The state of the second
6. (a) Full name of applicant's father Bron and & Brown Harryer, Sr.	6. (a) Full name of applicant's father David Keith Russell
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father David Teth Office (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother which Eller Barson	(b) Full maiden name of applicant's mother Honcy Sue Floringe
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-19-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Christies Fuscil Date 9-19-0
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Vitte Harper New Address State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Christie L. Fusell New Address
Subscribed and sworn to before me this 19th day of Sept., 19 91 Circuit Court	Subscribed and sworn to before me this 19th day of Scott, 19 91 Comme Langer Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countried HENDRICKS SS:
Father ID #	County of
Mother ID #	Mother
Subscribed and sworn to before me thisday of19Clerk	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Indiana.
and Christie L. Russell	I further certify that the following marriage certificate was filed in my office
L. Kev. Victor W. Parsons	$\underline{\hspace{1cm}}$ (name), certify that on $\underline{\hspace{1cm}}^{9-28-91}$
(date), at	in Benton County, Indiana,
Christia I Bussell	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Rev. Victor W. Parson	HENDRICKS County, Indiana, dated 9-28-91 Elder (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-4-91 (date).

_ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

514

9-19-91

File_

County

IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes If No, Medical Examination or Report Dated 9-12-91 Name of Physician Vlannes Barenthons of Central
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Watts	Name () in first, Middle Class ()
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address , Street or R.R. City County State	Residence Address Street or R.R. City County State
32 Syncoln ave. Groupslang Hendrichs, on.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Suvers Success	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Tucense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Syonal & Earl Watts (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father James B. Ball Rei
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and any state country	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Second Sea Draw
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
immune deficiency syndrome). Signature of Applicant Laboratory C. Walls Date \$\partial \gamma \gamm	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss. In this application is true and correct
Signed A Porrey Co male	Signed X VIIII 7/1. ISUID
Subscribed and sworn to before me this 19 th day of Sept., 19 91	Subscribed and sworn to before me this 19th day of Sept., 19 9) Connue Dawson Clerk of the HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court	Connue Dawson Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med in, authoriz	zes and directs the issuance of a marriage license to the above named parties
DETUDN OF MADDIAGE LIGHT	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
	Thomas Allen Watts
I certify that there was filed in my office a marriage license issued by the Cl dated 9-26-91, authorizing the marriage of	
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of and Victoria Marie Reid	I further certify that the following marriage certificate was filed in my office
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of andVictoria Marie Reid I, William J. Brown	(name), certify that on9-21-91 in Hendricks County Indiana
I certify that there was filed in my office a marriage license issued by the Cl dated 9-26-91, authorizing the marriage of and Victoria Marie Reid I, William J. Brown (date), at Pittsboro Thomas Watts of Hendricks	(name), certify that on 9-21-91in Hendricks County, Indiana, County Indiana (state), and
I certify that there was filed in my office a marriage license issued by the Cl dated 9-26-91 , authorizing the marriage of	in
I certify that there was filed in my office a marriage license issued by the Cl dated 9-26-91 , authorizing the marriage of and Victoria Marie Reid I, William J. Brown (date), at Pittsboro Thomas Watts of Hendricks Victoria Reid of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ William J. Brown	(name), certify that on9-21-91inHendricks
I certify that there was filed in my office a marriage license issued by the Cl dated	(name), certify that on9-21-91in

HENDRICKS County Female Applicant 50 No 🗆 Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Dr. Glack circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 1056 avesue Previous Marital Status: Date 1991 Date 1984 Death Last Marriage Ended By Other (Specify) Nevers Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate No W Yes 🔲 No 🔽 Yes 🔲 No 🗆 Yes 🔲 No . Yes 🔲 Yes 🔲 Yes 🔲 No D No 4 Yes 🔲 No 🗹 Yes 🔲 Yes 🔲 Yes 🔲 now under the influence of a narcotic drug? cames Harnon Sr Adiesa Indiana of mother (State or foreign country) West Vilginia ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana We, the parents of this applicant, hereby give consent for this marriage. If only COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS dated 9-19-91 _, authorizing the marriage of __ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 9-20-91 and ___ Jane Anne Naylor _ (name), certify that on __ Hendricks I. _ Cynthia J. Spence (date), at Danville
James Howard Harmon, Jr. of Hendricks

Putnam County, Indiana,

County Indiana Indiana

9-20-91

_ County __

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

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

Signed by: /s/ Cynthia J. Spence

_(state), and _

1st Deputy Clerk (official designation)

_County, Indiana, dated __9-20-91

(state) were married by me as authorized

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

516

	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Mary Yes I If No, Medical Examination or Report Dated 8-28-91 Name of Physician Dr. Billie Beanell, MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First , Middle Last
Date of Birth Day Steerer	Date of Birth Month Day Year Year
9 9 73	4 29 72
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State R. R. 2 Bot 16 Cratewelle, Hendrichs In:	Residence Address Street or R.R. City County State S. R. 2 Box 16, Coate avelle, Hendricks In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
late of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Ye
Are you now under the influence of an aiconolic beverager Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of an accordic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Que on Suame
	Meine
(a) Full name of applicant's father & awlence D, Gerer	12:00: 12:00:
(a) Full name of applicant's father Southerne D, Derer (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father William Warre Furgues (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Unknown
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) InDiana
(b) Full maiden name of applicant's mother Millam & Kall	(b) Full maiden name of applicant's mother Ealry ann tummen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Sittifface of motion (state of foreign country)	on inputed of months (class of closing).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune defliciency syndrome).
inmune deficiency syndrome). Adam SLuch Date 9-70-9	Signature of Applicant Herry G. Lerguson Date 9. 20-
	70
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
lerk of Court Date	Clerk of Court Date
tate of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given ss:
Signed Si	County of HENDRICKS Signed Alexandric County of Inthis application is true and correct.
New Address Same	New Address
subscribed and sworn to before me this 20th day of Sept. 19 9 1	Subscribed and sworn to before me this 20th day of Sept., 19 91
Onnie Transon Clerk of the HENDRICKS Circuit Court	Connie Franzon Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) sounty of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
ather ID #	Father ID #
lother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
ated 9-20-91, authorizing the marriage of	Adam G. Sherer
nd	I further certify that the following marriage certificate was filed in my office:
,	in Hendricks County Indiana
Adam G. Sherer of Hendricks	County (state), and
Jennifier A. Ferguson of Hendricks Co	ounty (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	Columy, Indiana, datea
igned by: /s/ Cynthia J. Spence	, 1st Deputy Clerk (official designation) 9-20-91 (date).
iled and recorded in accordance with the laws of the State of Indiana on_	9-20-91 (date).
	Signed Connie Franson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 517
HEND	RICKS County File
	Q-20-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☐ Yes ☐
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician Dr. Tramme
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Date of Birth Month Day Wear	Susan E. Camppell
Place of Birth (State or foreign country)	Place of Birth Month Page (Grant State or foreign_country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. Cityl County State
1880 CISO E. FIONSUILLE IN	1711 Realpud Ct. Main Field IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Mother (Specify) DY IVERS LICENSE	Date of birth verified by: Birth Certificate Other (Specify) Drivers Licens
Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage? No. Yes.	3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Table 1. 10010 . 111	5dd a 100 Ca alauli
6. (a) Full name of applicant's father John Wesley Umer (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Eddie Lee Campbell (If adopted, list adoptive parents only).
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country). Indiana (b) Full maiden name of applicant's mother Judith Ann More	Birthplace of father (State or foreign country) Calotorna (b) Full maiden name of applicant's mother Carol Elaine, Young
(b) Full maiden name of applicant's mother 1000 CCC 1 F1711 1 1000 E (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Michigan	Residence of mother (if deceased, so state) Indiana
Birthplace of mother (State or foreign country) Trolland	Birthplace of mother (State or foreign country) Tradiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 9/2991	Signature of Applicant Susante Campbell Date 9-30-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 8780 BALD FAGLE CT INDPLS 46238	X Signed Susan & Campbell New Address 8780 Bald Fagle Ct Indpls, IN 4693
Subscribed and sworn to before me this 20 th day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 20th day of 300 1, 19 9
Covere Sawson Clerk of the HENDRICKS Circuit Court	Course Sawood Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
FatherID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated	Michael J. Ulmer I further certify that the following marriage certificate was filed in my office:
I, Stephen White	(name), certify that on 10-12-91
(date), atPlainfieldofBoone	in Hendricks County, Indiana,
	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(branc) mere married by me as ammoraçed

Minister 10-29-91

Signed_

(official designation)

Circuit Court

HENDRICKS

(date).

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Stephen White
Filed and recorded in accordance with the laws of the State of Indiana on___

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

518

	Female Applicant 50 No ☑ Yes □
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician A part Giella
C 31-7-3 commits a Class D felony.	
MALE ADDITIONAL	FEMALE APPLICANT
MALE APPLICANT The First Middle Plast	la l
David, 11). Seas	Date of Birth Date of Birth
e of Birth Month est 17 1962	71/02 4 1965
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
idenge Address R. Street or R.R. Etty County State	Residence Address Steet or A.B. City County State
1.0 p 22 Diseursduire, In	Previous Marital Status: Never Married OR No. of Previous Marriages
ious Marital Status: Never Married OR No. of Previous Marriages	
Marriage Ended By: Death Divorce Annulment Date 6-24-91	Last Marriage Ended By: Death Divorce Annulment Date 8-31-87
e of birth verified by: Birth Certificate Dother (Specify) & A. Agrense	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	List the full names of any dependent children.
alle the face	40.
(a) Full name of applicant's father Harberta XIIII	6. (a) Full name of applicant's father Willy Jenkers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Then omic Jung	(b) Full maiden name of applicant's mother Scioting of Most
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
icknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome).	immune deficiency syndrome).
nature of Applicant A Date 7/20/91	Signature of Applicant Date 1 Date 1
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cnowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
ate of Indiana	State of Indiana) see: I swear/affirm that the information given
unity of HENDRICKS 1985 In this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address 217 N MEKIOIAN PLOTSBERGE, IN. 96167	New Address DIN . Proper & and Appet . PO. Box
partibed and sworn to before me this 20 day of Sept. 19 2/	Subscribed and sworn to before me this 20 day of Sept., 19
The American Circuit Court	Current Character of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana) HENDRICKS 88:	State of Indiana) State of Indiana) State of Indiana () State of In
	County of
ther ID #	Mother ID #
bacribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
AND ETE IE MARRIAGE LIGHTIGE TOUTER BY CERTE OF COURT	A marriage Beauty body by a street to the street and to the
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana.
certify that there was filed in my office a marriage license issued by the Cl ted 9-20-91, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, David M. Sears
d K. Julie Soots	. I further certify that the following marriage certificate was filed in my office:
Harold Sears	I further certify that the following marriage certificate was filed in my office: (name), certify that on9-28-91
late), at Pittsboro	inHendricks County, Indiana,
David M. Sears of Hendricks	County Indiana (state), and
	(state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by: /s/ Harold Spears	Minister County, Indiana, dated
iled and recorded in accordance with the laws of the State of Indiana on_	1'0-11-91 (date).
and recorded in accordance with the taws of the state of trialand on_	
	Signed Connie Transcor Clerk

HEND	No
	9-20-91 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 I If No, Medical Examination or Report Dated Name of Physician Myclo, M. O.
MALE APPLICANT	FEMALE APPLICANT
Name Steven Leslie Buhrauste	Name Drist Middle Petro
Date of Birth Month Day Year 1964	Date of Birth Month Day Year 54
Place of Birth (State or foreign country) Tetas	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Vollara 32 W. Welkeut Wey, Brownsburg, Heladrick or Vollara	Residence Address Street or R.R. Belly County State State & Author Walnut Way, Dioronabus, Lenducke, India
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1987
Date of birth verified by: Birth Certificate Wother (Specify) Driver & License	Date of birth verified by: Birth Certificate Other (Specify) Driver to Tricease
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children	5. List the full names of any dependent children. Denjamin Peter 13
	- Matthew Petro 10
6. (a) Full name of applicant's father Leslie Welter Bullimestee	6. (a) Full name of applicant's father Marion Franklin Presolution
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only). Residence of father (if deceased so state). Difference of father (if deceased so state).
Birthplace of father (State or foreign country) Silizons	Birthplace of father (State or foreign country) Indiana
(b) Full maiden name of applicant's mother Gleasta Greace Patticion	(b) Full maiden name of applicant's mother Sola Delphine Smith (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **The control of the con	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Mussissippi	Birthplace of mother (State or foreign country) Milliona
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-01	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed X New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Signed X Output Asswear/affirm that the information given in this application is true and correct. Subscribed and sworn to before me this Circuit Count	State of Indiana County of HENDRICKS Signed X Overa Rep On this application is true and correct. New Address Augustus
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State rects which make the consent of the other parent differensary	
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) SS:
Father ID #	Father ID #
MotherID #	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladted 9-20-91, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, Steven Leslie Buhrmester
and Donna Lee Petro	I further certify that the following marriage certificate was filed in my office:
I, Rev. Robert M. Hooten (date), at Avon	(name), certify that on
Steven L. Buhrmester of Hendricks	County Indiana (state), and
Donna L. Petro of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Robert M. Hooten Filed and recorded in accordance with the laws of the State of Indiana on_	, Minister (official designation)

Signed

_ Clerk Circuit Court

HENDI	NoS & O
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes I If No, Medical Examination or Report Dated 8-29-9) Name of Physician According S. Howard, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Scott Hiddle Hast Hampton	Name Middle Augustin
Date of Birth Month Pay Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Rd County State State Try Rd Try
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Drivers License	Date of birth verified by: Birth Certificate Cother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jack Stephen Hampton	6. (a) Full name of applicant's father Tromas L. Augustin
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state).
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) + Color Colo
(If adopted, list adoptive parents only)	(if adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Todiana	Residence of mother (if deceased, so state) Thouasand
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed South Signed South Signed Subscribed and swofn to before me this day of HENDRICKS Subscribed and swofn to before me this HENDRICKS Circuit Court
CONCENT OF PARENTS PARENT OR CHARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS ss:
County of HENDRICKS ss.	County of ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-20-91, authorizing the marriage of _	. I further certify that the following marriage certificate was filed in my office:
I, John H. Sichting	(name), certify that on
(date), at Monovia Scott Alan Hampton of Hendricks	inMorgan
Monica Sue Augustin of Morgan C	County Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ John H. Sichting	of
Filed and recorded in accordance with the laws of the State of Indiana on_	10-17-91 (date).

Signed

_ Clerk

[18] [18] [18] [18] [18] [18] [18] [18]	No. 521
<u>HENL</u>	DRICKS County File
	9-23-91 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 X Yes I If No, Medical Examination or Report Dated Name of Physician Dr. Yorman H. Szebschulta, M
MALE APPLICANT	FEMALE APPLICANT
Name Dennis Joseph Minniegr	Name First Middle Last
Date of Birth Month Day 7 Year 68	Date of Birth Month Day Years
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State T. S. I. Cotton Comp. D. Cotton D. D. Comp. D.	Residence Address Street or R.R. City County State R.R. Box 25 4-28 Bittstrue, Hendridge, The
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Other (Specify)	
- Dinvers Hoense	Date of birth verified by: Sirth Certificate Sother (Specify) Divers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No. Yes [
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? Yes
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No. Yes [
4. Are you now under the influence of a narcotic drug? No Yes S. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	and the first training of any dependent children.
6. (a) Full name of applicant's father Same, Frank Thinnier	6. (a) Full name of applicant's father David Sea. Was le.
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Sand Wooder (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother and one of applicant and one of applic	Birthplace of father (State or foreign country) The day of the four times of applicant's mother Samuelas Sue for times
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (If deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) On Diana
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Signed County of Cou
Subscribed and sworn to before me this 23/0 day of 49 9 1 Connic Curvan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 2300 day of Sept , 19 91
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
FatherID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 9-23-91 , authorizing the marriage of Dand Jodi L. Wagley I Steven T. Reeves	Dennis J. Minniear
	(name), certify that on10-3-91
(date), at Brownsburg	_ in _ Hendricks County, Indiana,
Todi I Wastan a W. J	(brancy, and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized (state) HENDRICKS County, Indiana, dated 9-23-91
Signed by: _/s/ Steven T. Reeves Filed and recorded in accordance with the laws of the State of Indiana on	,

Signed

_ Clerk Circuit Court

HENDRICKS

HENDRICKS

County

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 8-31-91 Name of Physician SanDall, W. Strate, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name P First Middle Last	Name , First n Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
9122 Key Lane Clement, Marian on . Previous Marital Status: Never Married OR No. of Previous Marriages	2265 Browles QQ, Blainfield, Hendrichs & Previous Marital Status: Never Married Q OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Girth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No√2 Yes 3. Are you now under the influence of an alcoholic beverage? No√2 Yes
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug? No 🔯 Yes 🗆
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Boughon alexander young, y,	6. (a) Full name of applicant's father areas free Sun Q
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dar Dar a. anne Boler	(b) Full maiden name of applicant's mother Setter Lou Seven
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) On Wasa
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 23 n.Q. day of HENDRICKS Signed Address Subscribed and sworn to before me this 23 n.Q. day of HENDRICKS Clock of the HENDRICKS Clock of the HENDRICKS	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 23 \(\text{Q} \) day of \(\text{HENDRICKS} \) HENDRICKS Subscribed and sworn to before me this \(\text{Q} \) Clerk of the HENDRICKS
Circuit Court	Circuit Col
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Clerk	Ck
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
	Court, by written order issuedcourt, by written order issued
I certify that there was filed in my office a marriage license issued by the Cl dated 9-23-91 , authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana Landon R. Young
duted, duthorizing the marriage of	I further certify that the following marriage certificate was filed in my office (name), certify that on 9-23-91
(date), at Danville	inHendricks County, Indiana,
Landon R. Young of Marion	County Indiana (state), and
	f Indiana (state) were married by me as authorize Gounty, Indiana, dated 9-23-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Cynthia J. Spence	1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-23-91 (date).
· 注意性性	Signed Connie Lawson Cler
	HENDRICKS Circuit Cour

	No. <u>523</u>
HENDI	County File
	Date of Application
	Female Applicant 50 No ☑ Yes □
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 9-27-91
circuit court when the person applies for a marriage license under	Name of Physician Margan County Memorial Hoge
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Charles affred Widnell Jr	Name Per Middle Last ne
Date of Birth Month 8 18 Year 40	Date of Birth Month Day Year 4 60
Place of Birth (State or foreign country).	Place of Birth (State or foreign country) Besidence Address Street or B.B. City County State
Residence Address W. Street or R.R. Street of R.R.	Residence Address Street or R.R. City County State R. B. 2 Sox 56 Monrovia, Margan, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dunes Kie.	Date of birth verified by: Birth Certificate Softer (Specify) Drivers Jacense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Not Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles alfred Ridwell Sh	6. (a) Full name of applicant's father Kenneth John Thme
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Diclosed	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Anth Daleata
(b) Full maiden name of applicant's mother Gentrailla Kaverne Japle	(b) Full maiden name of applicant's mother Dar Dra Jean Hilar Des)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indian	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	immune deficiency syndrome).
Signature of Applicant Sunt A Mucholl for Date 9/34/9/	Signature of Applicant June Date 10.2.91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Zate	Old No.
State of Indiana I swear/affirm that the information given Section 1 State of Indiana I swear/affirm that the information given Section 2 State of Indiana I swear/affirm that the information given Section 2 State of Indiana I swear/affirm that the information given Section 2 State of Indiana I swear/affirm that the information given Section 2 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 3 State of Indiana I swear/affirm that the information given Section 4 State of Indiana I swear/affirm that the information given Section 4 State of Indiana I swear/affirm that the information given Section 4 State of Indiana I swear/affirm that the information given Section 5 State of Indiana I swear/affirm that the information given Section 6 State of Indiana I swear/affirm that the information given Section 6 State of Indiana I swear/affirm that the information given Section 6 State of Indiana Section 7 State of Indiana Section 8 State of	State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct.
Signed Charl A Melbert J.	Signed Sean asom Ilime
New Address SAMA day of Sept , 19 91	New Address Subscribed and sworn to before me this 2nd day of October, 19 9]
Subscribed and sworn to defore me this day of HENDRICKS Circuit Court	Comice Jourson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OF CHARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of <u>HENDRICKS</u> ss:	County of HENDRICKS ss.
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	The same of the sa
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	derk of the Circuit Court of HENDRICKS County, Indiana, Charles Alfred Kidwell, Jr.
and Jean Ann Ihme	I further certify that the following marriage certificate was filed in my office:
I, Norman Stevenson	(name), certify that on11-1-91
(date), at Plainfield	
Charles Alfred Kidwell, Jr. of Hendricks	inHendricks County, Indiana, CountyIndiana (state), and
Charles Alfred Kidwell, Jr. of Hendricks	in Hendricks County, Indiana,

_ (date).

11-12-91

Signed .

(official designation)

Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: __/s/ Norman Stevenson

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 10-12-88 Name of Physician Dr. Clarence H. Thomas, MD.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle . Last	Name First Middle Last
Date of Birth Day Year Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	10 13 63
In Diana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 9190 Mariety P. In Disla Marion In	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8-1-9	Last Marriage Ended By: Death Divorce Annulment Date 11-2-9
Date of birth verified by: Birth Certificate Other (Specify) Drivers Scense	Date of birth verified by: Birth Certificate Other (Specify) Drivero Excense
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Notice Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ★ Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Martin Figle Hottley
	A STATE OF THE PARTY OF THE PAR
6. (a) Full name of applicant's father Philip Karol Painter	6. (a) Full name of applicant's father Jule Hall Parsons
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) and and
(b) Full maiden name of applicant's mother 200 Bosolie Williams	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother and Spanic Wallands (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Detty Joan Crofis
Residence of mother (if deceased, so state) The analysis	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Thorago	Birthplace of mother (State or foreign country)
Signature of Applicant Date Date Date Date Date Date Date Dat	immune deficiency syndrome). Signature of Applicant X Cavalyla P Halley Date 9-24- The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss:
signed X ames T tames	Signed X Carrlyla Hatley
New Address Subscribed and sworn to before me this 24th day of Sept., 19 9)	New Address Subscribed and sworn to before me this 24th day of Sept., 19 91
Conne Jourson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 24th day of Sept., 19 91 Conque Foundation Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
dated 9-24-91 , authorizing the marriage of	James Frederick Painter
and Carrlyla P. Harley I. Robert F. Gammon	. I further certify that the following marriage certificate was filed in my office. (name), certify that on 9-24-91
(date). at Lawrence	Marie and Marie
	_ in County, Indiana, County Indiana (state), and
Robert F. Gammon of Marion	
Carrlyla P. Hatley of Hendricks Con	unty Indiana (state) were married by me as authorized
	unty Indiana (state) were married by me as authorized

	No. <u>525</u>
HENI	DRICKS County File
	9-25-91 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 🌣 Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician Dr. Eric Clark, MD
IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Erro Clark, MD
Name First Middle Last	FEMALE APPLICANT
Date of Birth Month Say Variabit	Name First Middle Last On Oreo Sean Carr Date of Birth Month Day Year
Place of Birth (State or foreign country)	11 3 67
Indiana	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State St. R. 4 Box 134 Application Brown, In.	8 90 Reagueron Dr. 205 8 8 22 00, Hendrudes In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 8 - 90
Date of birth verified by: Birth Certificate Specify Drivers License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes **To accurate to the adjudged to the office of the second mind? **To accurate to the adjudged to the office of the second mind? **To accurate the second mind. **To
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No ♥ Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No. Yes □
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 1. List the full names of any dependent children. Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show Show
	5. List the full names of any dependent children. Dralley David Carr,
6. (a) Full name of applicant's father Carly Fred Danight	Q., 00 0 . 00
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Sonol David Reeves (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Siana Sourn Fitzen	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Wartha Louise Herrin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Charles of model (State of foleign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-25-91	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9/25/4.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana	
County of HENDRICKS SS:	State of Indiana) I swear/affirm that the information giver County of HENDRICKS in this application is true and correct
Signed & Carl R Vaught Brownshus.	Signed X andrea J. Carr
Subscribed and sworn to before me this 25th day of Sept., 19 91	New Address Subscribed and sworn to before me this 25 to day of Sept. 19 9)
Connie Spurson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 25 th day of Sest 19 9) Conne Source Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS SS: Father ID #	County of HENDRICKS ss:
Mother	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
aated, authorizing the marriage of	Carl R. Vaught
I, Ted J. Cole	I further certify that the following marriage certificate was filed in my office: (name). certify that on 10-12-91
(date), at 2:30 pm - Nashville	in Brown County, Indiana, County, Indiana,
Of Blown	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	inty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 9-25-91
Signed by: /s/ Ted J. Cole	, Pastor (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-15-91 (date).

Signed Connie

Jan 13 ov HENDRICKS

Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

526

HENDRICKS County File	
	9-26-91 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 V Yes 1913-9/ If No, Medical Examination or Report Dated 9-13-9/ Name of Physician Lin Kunda Markin
MALE APPLICANT	FEMALE APPLICANT
Name Jodd First Middle Charl Last Grost	Name Kristing First Cener Woods
Date of Birth Month Day Year	Date of Birth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Regidence Address / Springer or R.P. / City / County State	Residence Address Street or R.R. City / County State
6325 Eagle Road Ludses Hundricks In	399091575 E, brownshing Hindricks, La
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this/application in true and correct. X Signed Hendricks New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 250 day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cla	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated 9-26-91, authorizing the marriage of	Todd Michael Frost
and Kristine Ann Worth H. Dean Warren	I further certify that the following marriage certificate was filed in my office:
(date), at Indianapolis	in Marion County Indiana
Todd Michael Frost of Hendricks Kristine Ann Worth of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 9-26-91
Signed by: /s/ H. Dean Warren	
Filed and recorded in accordance with the laws of the State of Indiana on	10-22-91 (date).
	Signed Connie Lawson Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	Signed Clerk HENDRICKS Circuit Court

No. ____527

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

____ Clerk _Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 5-26-87 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle S. Last Sychite	Name Sirst Middle Carlett
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
257 avon ave. Slainfield, Hendriches, on.	Some
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ON No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date - 84	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druvers Luciuse	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Larry Lon Lichte	6. (a) Full name of applicant's father Herbort Leon Barlett
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (If deceased, so state)
(b) Full maiden name of applicant's mother Survey Servey	(b) Full maiden name of applicant's mother whith ann Utterback
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given in this application is true and correct. Signed Signed New Address Same	State of Indiana County of HENDRICKS in this application is true and correct. Signed New Address
Subscribed and sworn to before me this 26 to day of Sept., 19 9 Committee Squares Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 26th day of Sept., 19 9 Conne Sausan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) SS:	State of Indiana) County of HENDRICKS Ss:
Father	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	I A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
and Lee Ann Parlett	I further certify that the following marriage certificate was filed in my office:
I, Cynthia J. Spence	(name), certify that on $10-3-91$
(date), at Danville Larry Joe Lichte of Hendricks	in Heliaticks County, Indiana.
Total Annual Development of the Annual Control of the Annual Contr	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS C 11: 10-3-91
Signed by:/s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	1st Deputy Clerk (official designation) 10-3-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

C 31-7-3	No. <u>528</u>
<u>HENDI</u>	RICKS County File
31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 9-10-91 Name of Physician Seamed Barent Roof of Septial
MALE APPLICANT	FEMALE APPLICANT
of Birth Monty Day Year State of Birth (State or foreign country) tence Address Street or R.R. City County State ous Marital Status: Never Married OR No. of Previous Marriages Marriage Ended By: Death Divorce Annulment Date	Name First Middle Last Date of Birth Day 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
of birth verified by: Birth Certificate Other (Specify) Drivery Ficenses	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Under the full name of applicant's father
(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)	(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 Charyl See Eulraphs (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT cknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome). Acknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired number of Applicant A). Acknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired number of Applicant A). Acknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired number of Applicant A).	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
e above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
te of Indiana I swear/affirm that the information given in this application is true and correct. Signed Mew Address New Address	State of Indiana County of HENDRICKS Signed New Address State of Indiana I swear/affirm that the information given in this application is true and correct.
oscribed and sworn to before me this 26th day of Sept. 19 9 Annie Scriber Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 26 th day of Start, 19 91 Connue Court Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
the of Indiana) ss: Introduction of the intr	State of Indiana) County of
bscribed and sworn to before me thisday of 19Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cated, authorizing the marriage of, authorizing the marriage of,	terk of the circuit court of
Cynthia J. Spence date), at Danville	(name), certify that on 9-26-91 in Hendricks
Jeffrey Allen Snyder of Marion	County Indiana (state), and
igned by: /s/ Cynthia J. Spence Tiled and recorded in accordance with the laws of the State of Indiana on.	, 1st Deputy Clerk (official designation) 9-26-91 (date).

____ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 9-23-91 Name of Physician IUPUI Student Beach Clinic
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Date of Birth Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Date Date Other (Specify) Date Date Date	Date of Birth Day State
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of an alcoholic beverage? 1. No. Yes 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of an alcoholic beverage? 1. Are you now under the influence of an alcoholic beverage? 1. Are you now under the influence of an alcoholic beverage? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now under the influence of a narcotic drug? 1. Are you now und	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Clist the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed Howard Lawis 9 New Address Subscribed and sworn to before me this 2 day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Mary Welen Hard New Address Subscribed and sworn to before me this 26th day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of , 19	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, Howard L. Ziegler, Jr. I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-26-91 in Hendricks County, Indiana, County Indiana (state), and nunty Indiana (state) were married by me as authorized as HENDRICKS County, Indiana, dated 9-26-91 1st Deputy Clerk (official designation)
	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

530

Circuit Court

No. _

File_

County

IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⋈ Yes □
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Name of Physician The Grand To Standard M.D.
IC 31-7-3 commits a Class D felony.	Ivalle of Filysician Transaction of State of The Transaction of The State of The St
MALE APPLICANT	FEMALE APPLICANT
Name William Henry Holt	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City County State	Residence Address Street or R.R. City County State
1374 Holiday In. E. Brownslava, Hendricks, In.	17 M. a Dans, Brownshira, Hendrichad
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8-26-91	Last Marriage Ended By: Death Divorce Annulment Date 7 9/
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Mother (Specify)
A Where Oxoline	- Myero Delnos
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If anywer is "type" has the adjudged to been removed?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No N Yes □	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No X Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. San Muchael Jate
	Miranda Susanne Fate
1/2 1/201 \$ 1/204	
6. (a) Full name of applicant's father Henry Washington Holt	6. (a) Full name of applicant's father gray dynn Blevins
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bouliana Marie Sweaman	(b) Full maiden name of applicant's mother Carolin Sue Smith
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) France
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immuno deficione aundenno)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant & Willia 7. 26-91	Signature of Applicant X Cryxthia & Sate Date 9-26
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: Jothis application is true and correct.
Signed XWillia A. Hold	Signed X Carathia S. Pale
New Address	New Address
Subscribed and sworn to before me this 26th day of HENDRICKS	Subscribed and sworn to before me this 26th day of Sept 19 9
Congric Court Clerk of the HENDRICKS Circuit Court	Connie Jose don Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me thisday of, 19
	CHARLES OF THE PROPERTY OF THE
	A marriage license having been refused to the above named parties, the
County	
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated9-26-91, authorizing the marriage of andCynthia Suzanne Tate	William Henry Holt
and Cynthia Suzanne Tate	I further certify that the following marriage certificate was filed in my office:
(date), at Lizton	in Hendricks County Indiana
William Henry Holt of Hendricks Cynthia Suzanne Tate of Hendricks Contact Con	
under a marriage license that we in the Charles Con Con	unty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 10-10-91
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rev. Terry L. Foster	
Filed and recorded in accordance with the laws of the State of Indiana on	$\frac{10-10-91}{10-16-91}$ (official designation)
and of the state of material of	
	Signed Clerk C. Cook Clerk
	HENDRICKS Circuit Court

531

_ Clerk Circuit Court

_ (official designation)

10-12-91

Signed

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

No. _

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

<u>HEND</u>	RICKS County File
	9-27-91 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 I If No, Medical Examination or Report Dated 9-17-91 Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Fijst Middle Setta Date of Birth Month Day Year O	Name First Dailer Willer Date of Birth Month Day Year 9 10 10 10 10 10 10 10 10 10
Place of Birth (State or foreign country) Residence Address Street or R.R., City County State 5101 Vantage Bornt RS, BOOLL'S, Hendrichae, An.	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 3 - 88	Last Marriage Ended By: Death Divorce Annulment Date 8 - 8
Date of birth verified by: Birth Certificate Stother (Specify) Drivers Tycense	Date of birth verified by: Birth Certificate Sother (Specify) Drivers Successe
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Spotent	6. (a) Full name of applicant's father Bobert Eugene Scott
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother
(b) Full maiden name of applicant's mother of the following formula: (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
	Supplied of manife (state of state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, (and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disea that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Legandre 1 Date 9/27
The above applicant has objected to verifying by oather affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address	State of Indiana County of HENDRICKS Signed Cunther B. Miller New Address
Subscribed and sworn to before me this 27th day HENDRICKS Circuit Court	Subscribed and sworn to before me this 27th day of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) ss:	State of Indiana) ss: County of HENDRICKS ss:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, t Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named partie
I certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana
dated 9-27-91, authorizing the marriage of andCynthia D. Miller David A. Travelstead	I further certify that the following marriage certificate was filed in my office
	in Marion County, Indiana, (state), and
	unty Indiana (state) were married by me as authoriz
Signed by: /s/ David A. Travelstead	

HENDRICKS

_ County

circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Moley Daroway, MO
MALE APPLICANT	FEMALE APPLICANT
Name Last School Senesh	Name Roll First Middle COLast
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Minnesota	- In Diane
Residence Address Street or R.R. City County State 35 Donnelly Dr. Brownshura, Hendricker, In	Residence Address Street or R.R. City County State
Previous Marital Status; Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7 _ \$\infty\$	Last Marriage Ended By: Death Divorce Annulment Date (~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Other (Specify) Druvero Ficense
1. Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes ✓
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. List the full names of any dependent children the full names of any depen
	S. List the full names of any dependent children.
	0
6. (a) Full name of applicant's father Transle John Denesh	6. (a) Full name of applicant's father Senneth Edward Stowers
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Winnessta	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Eileen than Fribrora	(b) Full maiden name of applicant's mother Scharles Boy Miles
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Themesoto	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome). Signature of Applicant Sessie Benest Date 9/27/91	immune deficiency syndrome)
Signature of Applicant A Charles Denes Date 9/27/91	Signature of Applicant & Delta Coldengelel Date 9-27-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana Second of Hendricks I swear/affirm that the information given	State of Indiana State of Indiana I swear/affirm that the information give
Signed X Neslie Berush	Signed X expects Edgy but application is true and correct
New Address Same	New Address
Subscribed and sworn to before me this 27th day of Sept., 19 9	Subscribed and sworn to before me this 27th day of Sept. 19 9/
Connie Bawson Clerk of the HENDRICKS Circuit Court	Cenne Jawaca Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Ctate of Indiana	
State of Indiana) County of HENDRICKS ss:	State of Indiana) Countried HENDRICKS SS:
Father ID #	FatherID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
, authoriz	es and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
l certify that there was filed in my office a marriage license issued by the Clared 9-27-91	erk of the Circuit Court of HENDRICKS County, Indiana,
idled, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office
, Myron Barnard	
(date), atIndianapolis	in Marion County, Indiana.
D-1 District Co. S. C.	County Indiana (state), and
	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Myron Barnard	County, matana, dated
Filed and recorded in accordance with the laws of the State of Indiana on	
the wind recorded in accordance with the laws of the strip in thinking the	
nea and recorded in accordance with the laws of the State of Indiana on_	(uuit).
	Signed Comie Lawson Clerk

HENDR	No
	9-27-91 Date of Application
2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Ar. David Harmon, MD.
MALE APPLICANT	FEMALE APPLICANT
arme	Name First Middle Last Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an arcotic drug? No Yes Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mulared Springs Mande (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 syndroms). Signature of Applicant Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndromic). Signature of Applicant Date 9-27-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed In this application in true and correct. Signed New Address Described and sworn to before me this 27 th day of HENDRICKS 19 9 1 1 1 1 1 1 1 1	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this HENDRICKS Clerk of the HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of , 19
County	A marriage license having been refused to the above named parties, Court, by written order issued irrog and directs the issuance of a marriage license to the above named parties.
	izes and directs the issuance of a marriage license to the above named parti
I certify that there was filed in my office a marriage license issued by the	mator
and Angela S. Ross I. Dwight S. Bradford	(name), certify that on 10-19-91
(date), at Plainfield Andrew J. Lippard of Hendricks	inHendricksCounty, Indiana,

Hendricks

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Dwight S. Bradford

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

HENDRICKS

(date).

Pastor 10-23-91

County Indiana

County, Indiana, dated _ (official designation)

HENDRICKS

(state) were married by me as authorized nty, Indiana, dated ____10-19-91

Clerk

Circuit Court

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

Angela S. Ross

534

No. _

HENDI	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 IIII IIII IIII IIII IIII IIII IIII
MALE APPLICANT	FEMALE APPLICANT
Name A First Middle Last	
Jerold alan Betterton	Melanie Suzarne Vandook
Date of Birth Month Day Year 9 56	Date of Birth Month Day Year 1964
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Bountable Please Indianipolis Herdericko India
60 50 Cale Groots Syn , Indiget, Marian , In	Previous Marital Status: Never Married OR No. of Previous Marriages
	1 20=
Last Marriage Ended By: Death Divorce Annulment Date 88	1 0:
Date of birth verified by: Birth Certificate Other (Specify) Drivers July	Date of birth verified by: Birth Certificate Other (Specify) Driver & Hunerol
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bor Java Cole White (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: Signed Signe	Signed Signed Subscribed and sworn to before me this Att day of Sept., 19 91 Connection of the HENDRICKS Signed Signed Subscribed and sworn to before me this Att day of Sept., 19 91 Connection of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authoriz-	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and med in, addition2	so and uneoto the issuance of a marriage needs to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cladated 9-27-91, authorizing the marriage of	GERALD ALAN BETTERTON
I, BILLY J. GOTT	I further certify that the following marriage certificate was filed in my office: (name), certify that on 23rd OF NOV. 1991
(date), atINDPLS	in HENDRICKS County, Indiana,
GERALD A. BETTERION of HENDRICKS MELANIE S. VAN HOOK of HENDRICKS Co.	County IN (state), and IN (state) were married by me as authorized
	uniy (state) were married by me as quinorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ BILLY J. GOTT	REVERAND (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-25-91 (date).
and the state of t	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
rcuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Name of Physician Dr. Stegenoller
31-7-0 committe & Glass D folding.	是一种的现在分词,这种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种种
MALE APPLICANT	FEMALE APPLICANT
De Bauglas Pape	Name Laura Laure Swadzen
te of Birth Month Day Year 8	Date of Birth Day Day Organ 7.3
ace of Birth (State or foreign country)	Place of Birth (State or foreign pauntry)
esidence Address Street or R.R. City D County County State	Residence Address Street or R.R. City A County 1 State
250 n last St. Therfield In	125 & mill St Plunfield In.
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OB No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) Druges Li	Date of birth verified by: Birth Certificate Sther (Specify)
	N/unu ma a ,
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No. Yes Are you now under the influence of an alcoholic beverage? No. Yes No. Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcetic drug? No. 27 Yes 27
Are you now under the influence of a narcotic drug? Not Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No. Yes 5. List the full names of any dependent children.
List the full flames of any opposition	5. List the full names of any dependent children.
(a) Full name of applicant's father July Narword Pape	6. (a) Full name of applicant's father Jahn Wakefield Savala
(If adopted, list adoptive parents only). Besidence of father (if deceased so state)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Hernfield
(b) Full maiden name of applicant's mother drive dee Braan	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Blackly Stars Tionn
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Pealuty Say Wean. (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Placenfield, Inc.	Residence of mother (if deceased, so state) Albann, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant 4. Saughr Pare Date 9/27/91	Signature of Applicant Durch, Swadner Date 9-27-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs
Chrowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	CIEFA OF COURT
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
Signed A. Pough Page in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address Same	Signed Alling a supagner New Address 250 N-Earl St.
subscribed and sworn to before me this 27 bday of Alpt, 1991	Subscribed and sways to before me this 27 day of Super 1991
mile Kawaa Clerk of the HENDRICKS Circuit Court	Comic Raivan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
are lacto within make the consent of the vitter parent differences	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
father ID #	Father ID #
Another ID # ID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleated9 - 27 - 91	Tlerk of the Circuit Court of HENDRICKS County, Indiana, J. Douglas Pope
atea, authorizing the marriage of	J. Douglas Pope
John A. Lefler	I further certify that the following marriage certificate was filed in my office: (name), certify that on $\frac{10-4-91}{}$
date), atMooresville	in Morgan County, Indiana,
J. Douglas Pope of Hendricks	County Indiana (state), and
Laura Louise Swadner of Hendricks Con	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ John A. Lefler	f HENDRICKS County, Indiana, dated 10-4-91
Signed by: /s/ John A. Lefler	Minister (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	10-10-91 (date).
	Signed Comie Gawson Clerk
OYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 9-24-7/Name of Physician Sahl, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First & Middle & Last	Name Pa First Middle Last
Date of Birth Month Day Year	Date of Birth Month Parie Steinmetz
	7 19 62
Place of Birth (State or foreign country)	Place of Birth (State or foreign comply)
Residence Address Street or R.R. City County State	Residence Address / Street or R.R. City County State
26 Nerherson Dr. Brawnshing In.	26 Henderson Dr. Brownshung In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	- / 1/ 10-
Date of birth verified by: Birth Certificate Other (Specify) Drunelis Lic.	Date of birth verified by: Birth Certificate Ofther (Specify) Druseis Tic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father May Lord	
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Charles your School (if adoption applicant's father Charles)
Residence of father (if deceased, so state) Baharnalung In.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Jean Marilyn Mag	e (b) Full maiden name of applicant's mother & Fern Walton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Yournshung In	Residence of mother (if deceased, so state) Olcevel
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-27-9/ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date State of Indiana) I swear/affirm that the information given	Clerk of Court Date
County of HENDRICKS Signed New Address Subscribed and sworn to before me this 27 4 day of HENDRICKS HENDRICKS	County of HENDRICKS Signed Penels Wichies Others New Address Same Subscribed and sworn to before me this 27 day of Others 19 77
Clerk of the Circuit Court	Corrie Lawon Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS SS:	State of Indiana)
5-th-	County of
ID #	Father ID #
Subscribed and sworn to before me thisday of	MotherID #
Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
l certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS Courts Indiana
and Renee Marie Steinmetz	. I further certify that the following marriage certificate was filed in my office:
,	(name), certify that on 10-19-91
(date), atIndianapolis	in Marion County, Indiana,
James Lee Good of Hendricks	County Indiana (state), and
Renee Marie Steinmetz of Hendricks	inty Indiana (state) were married by me as such sized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Robert F. Gammon	Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-29-91 (date).
	signed Commiss La
	Signed Clerk HENDRICKS Circuit Control
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

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____ Clerk _Circuit Court

No. ___

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	DRICKS County File
	9-27-91 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 A Yes I If No, Medical Examination or Report Dated 9-10-91 Name of Physician Dr. David Haggard, MO
MALE APPLICANT	FEMALE APPLICANT
Name William Middle Date of Birth Month Day Year Year	Name Suran Renee Ward
Place of Birth (State or foreign country)	Date of Birth Month Day Year Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1314 Bushmore Bene, Tropie's Marion, In.	1386 anon R.O. Plainfield, Hendricks, In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Divers License	Date of birth verified by: Birth Certificate Cother (Specify) Drivers Scense
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No ✓ Yes □	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No ✓ Yes □
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Thichael Stuart Duahes	6. (a) Full name of applicant's father Elmon Wayne Ward
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Horizonal Stone	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother One it a Modean yacks.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Sennogramia	Birthplace of mother (State or foreign country) This is a second of the
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 9-27-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant X Date 9-37-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed William New Address 1990 Signed William St. # B. Snood Co.	State of Indiana County of HENDRICKS Signed Signed New Address State of Indiana I swear/affirm that the information give in this application is true and correct the control of the co
New Address 1990 Bit Dilly Bl. #B, Dills. Subscribed and sworn to before me this 27th day of Sept., 19 9 Connie Janvion Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 27th day of Sopt, 19 9 Connice Foundary Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID #Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE WENDRICKS County of HENDRICKS
Corner Deserving Ward of	erk of the Circuit Court of HENDRICKS County, Indiana, William Arthur Hughes
and Susan Renee Ward I, Johnie Edwards	$_$. I further certify that the following marriage certificate was filed in my office (name), certify that on $\frac{10-12-91}{}$
(date), at Plainfield	in Hendricks County, Indiana,
William A. Hughes of Marion Susan R. Ward of Hendricks Con	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 9-27-91
Signed by:/s/ Johnie Edwards Filed and recorded in accordance with the laws of the State of Indiana on	Minister (official designation) 11-4-91 (date).

HENDRICKS

County

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	Pate of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 9-24-91 Name of Physician Ar. Fohl M. D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Place of Birth (State or foreign country)	Name Step Ganie Date of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 445 Thartin R.D. Dlamfuld, Hendrudge, In	Residence Address Street or R.R. City County State Previous Marrial Status: Never Married OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	Last Marriage Ended By: Death Divorce Annulment Date 1-3-90
Last Marriage Ended By: Death Divorce Annulment Date	Date of birth verified by: Birth Certificate Other (Specify)
Date of birth verified by: Birth Certificate Other (Specify)	- Toward of female
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Howard Yelson (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 Settle Source (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father William Thomas France (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 Betty Carol adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Carolagae
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Citerk of Court Date
State of Indiana County of HENDRICKS Signed Signed	State of Indiana County of HENDRICKS Signed State of Indiana New Address Subscribed and sworn to before me this 27th day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana County of HENDRICKS) Father
	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Co	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 9-27-91, authorizing the marriage of and Stephanie Rae LaRue	. I further certify that the following marriage certificate was filed in my office:
I, Dan J. Smetzer	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), at Amo Brian Allen Nelson of Hendricks	inHendricks
Stephanie Rae LaRue of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Dan J. Smetzer	f
Filed and recorded in accordance with the laws of the State of Indiana on_	Signed Cornie Sawson Clerk
	HENDRICKS Circuit Court

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Circuit Court

No. _

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL	DRICKS County File
	9-27-91 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	Female Applicant 50 No Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Dr. Darred M. Feral, po
MALE APPLICANT	FEMALE APPLICANT
Name Thomas Welson Like, gr.	Name First Middle Sharing Smith
Date of Birth Month Day Year 7	Date of Birth Whonth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 1220 Salem RD, Mooregarille, Was Drie Day on.	Residence Address Street or R.R. City County State 1220 Solem R.R. Warresvelle, Hen Pricker In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Seirth Certificate Other (Specify)	Oate of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes No Yes	Are you now or have you ever been adjudged to be of unsound mind? Yes If answer is "yes," has the adjudication been removed? No Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No Yes Yes The second sec
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes C
Snith	Smith
6. (a) Full name of applicant's father	(a) Full name of applicant's father
(If adopted, list adoptive parents only) homostylon Like, Sr.	(If adopted, list adoptive parents only) Justin J. Smith
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) an Duana.
(b) Full maiden name of applicant's mother to the South Canadha Canadha	Birthplace of father (State or foreign country) South Carolina (b) Full maiden name of applicant's mother Thildred L. Wilson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui
immune deficiency syndrome).	immune deficiency sundomes
Signature of Applicant Lhomos W the 9k Date 9-27-91	Signature of Applicant XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the aboacknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information gives
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and corre
Signed Thomas W The GR. New Address Same	Signed XCMILL 41(Smith
Subscribed and sworn to before me this 2 th day of Sept. 19 91	Subscribed and sworn to before me this 27th day of Scott, 19 91
Comme Francia Clerk of the HENDRICKS Circuit Court	Connie Syawson Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS as:	State of Indiana
County of HENDRICAS) Father ID #	County of HENDRICKS 55:
Mother	Father
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19
Clerk	Ck
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedend to the above named parties and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana
I certify that there was filed in my office a marriage license issued by the Cledated 9-27-91, authorizing the marriage of and Angela M. Smith	Thomas Nelson Like, Jr.
and Angela M. Smith I, Cynthia J. Spence	. I further certify that the following marriage certificate was filed in my office
(date), atDanville	in Hendricks County Indiana
Thomas N. Like, Jr. of Hendricks	County Indiana (state), and
Angela M. Smith of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorize
Signed by: /s/ Cynthia J. Spence	1st Deputy Clerk (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	9-27-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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____ Clerk _Circuit Court

31-7-9-1. Furnishing false information upon applying for license. Derson who knowingly furnishes false information to a clerk of the cuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated 8-19-91 Name of Physician Or Report Q. Debry M.D.
MALE APPLICANT	FEMALE APPLICANT
First Middle Clast Control	Name Betty Lorine Fisher
of Birth Name Necker	Date of Birth Horic Day Year 19 43
9 28 44	Place of Birth (State or foreign country)
of Birth (State or foreign country)	Residence Address Street gra R /City County State
lence Address Street or R.R. City County State R. Box 527 Con Legisle, Handriales, A.	RR.#1 Box 527 Coatesville IN
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Date 9 22 00	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
of birth verified by: Birth Certificate Other (Specify) Driver Successe	Date of Dirth Verinee by. Butth Certificate Constitution (Opening) DALWELS RECEIVED
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed?	It answer is yes, has the adjudication been removed.
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cooling.
Are you now under the influence of an alcoholic beverage?	3. Are you now under the initiative of an according between
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcottic drug? 5. List the full names of any dependent children. **None** **None
List the full names of any dependent children.	
	DE Tobaccas
(a) Full name of applicant's father Emmett Carl Decker	6. (a) Full name of applicant's father Roy E. Johnson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Decidence of father (if deceased so state)
Residence of father (if deceased, so state) Jennessee	Hesiderice of father (if deceased, so state)
Birthplace of father (State or foreign country)	File Fave Fisher
(b) Full maiden name of applicant's mother Cora Thanfield	(b) Full maiden name of applicant's mother 2/100 (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Bittiplace of motion (otale of loosy), seemly,	
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome) The property of Applicant Syndrome Date 16-2-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
ie above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Erk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
set of Indiana Dunty of HENDRICKS Signed New Address New Address Liswear/affirm that the information given in this application is true and correct. Address Address Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X Detty Source Fisher New Address SH ME Subscribed and sworn to before me this 30-th day of HENDRICKS Clerk of the HENDRICKS Circuit County Circuit County
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
ONSENT OF PARENTS, PARENT, OR GUARDIAN To, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) ss:
ather 1D #	FatherID #
fother ID #	MotherID #ID #
subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
County	
County	rizes and directs the issuance of a marriage nooned to the above name parameters
County, authorated in, authorated in	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana
County, authorizing the marriage of, authorizing the marriage of	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana Jerry Decker I further certify that the following marriage certificate was filed in my office
County, authorizing the marriage of, authorizing the marriage of	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana Jerry Decker I further certify that the following marriage certificate was filed in my office (name), certify that on10-5-91
RETURN OF MARRIAGE LICES I certify that there was filed in my office a marriage license issued by the dated 9-30-91, authorizing the marriage of and Betty L. Fisher I, Rev. Wayne D. Kivett	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana Jerry Decker I further certify that the following marriage certificate was filed in my office (name), certify that on 10-5-91 in Indiana County, Indiana,
County, authorizing the marriage of, authorizing the marriage of, at, at, at, at, authorizing the marriage of, at, at, at	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of
County, authorizing the marriage of, authorizing the wayne D. Kivett	NSE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana Jerry Decker I further certify that the following marriage certificate was filed in my office (name), certify that on

	No1
<u>HEND</u>	ORICKS County File
	10 -1-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⊠ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 9-23-91
circuit court when the person applies for a marriage license under	Name of Physician Dr. L. Grammell, MD,
IC 31-7-3 commits a Class D felony.	Name of Physician 100
10 01-7-0 committee a classe b follows.	
MALE APPLICANT	FEMALE APPLICANT
Name Philip Striant Schneider	Name Kelly Middle Banmel
Date of Birth Month Day Year	Date of Birth (Month) Day Year
3 3 67	11 3 67
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
104 Dordon Dr. Plainfield, Hendrichs, In	1529 Hardy Ct., Plainfield, Hendricks
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Cast marriage crited by. Death Divote Amountain Date	Last marriage Entret by. Death Divorce Annument Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ricense	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No. Yes T
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Alcholas Chilip Schneider	6. (a) Full name of applicant's father Sester Baul Rammes
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only)
QA. A:	Residence of father (if deceased, so state)
	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother wall there tapprople	(b) is made in the state of approximation of the state of
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-1-91	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant Date 10-1-9
The shows applicant has objected to weathing by cath or affirmation or electric to the shows	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
Signed The Carlo	Signed X Kelly M. Rammel
New Address Same	New Address
Subscribed and sworn to before me this day of day of , 19 9 \	Subscribed and sworn to before me this day of to
Connice Spurson Clerk of the HENDRICKS Circuit Court	Connu Town Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of	County of
Father ID #	Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Ck
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties
	parties
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated 10-1-91, authorizing the marriage of	Philip S. Schneider
and _ Kelly M. Rammel	I further certify that the following marriage certificate was filed in my office
I, Reverend Richard Zore	(name), certify that on 10-12-91
(date), at Plainfield	in Hendricks County, Indiana,
	County Indiana (state), and
Kelly M. Rammel of Hendricks Con	unty Indiana (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Rev. Richard Zore	,

_ (date).

(official designation)

_ Clerk Circuit Court

10-18-91

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

542

Circuit Court

No. _

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician American Services (No. 1)
MALE APPLICANT	FEMALE APPLICANT
Name Brokens Windle Schwartz Date of Birth Month Day Year	Name First Middle Last, Veren Date of Birth Month Day Year 5 5 6
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State (0206 Whiteliak Creek & T. The County of the Coun	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3 - 8 7	Last Marriage Ended By: Death Divorce Annulment Date 10 - 87
Date of birth verified by: Birth Certificate Other (Specify) Druyers License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes □	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. The gran Bryan Bryan
6. (a) Full name of applicant's father Henry addison Schwartz	6. (a) Full name of applicant's father Robert Eugene Hoos
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Querrey San Williams	(b) Full maiden name of applicant's mother Lanning and Jung
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10 1 91	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test after for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Author Services Signed New Address Signed N	State of Indiana County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct. Signed New Address County of the coun
Subscribed and sworn to before me this	Subscribed and sworp to before me this 12t day of October, 19 9 Comme Course Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated	EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Richard Willis Schwartz
	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), at Danville	in Hendricks County, Indiana,
Richard W. Schwartz of Hendricks Karen M. Pierce of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-1-91
Signed by:/s/ Cynthia J. Spence Filed and recorded in accordance with the laws of the State of Indiana on	1st Deputy Clerk (official designation) 10-1-91 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
10 31-7-3 commits a class b leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name Calvin & Middle Settle II	Name First Middle Round up f
Date of Birth Month Day Year	Date of Birth Month Day O You'l
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County/ State	Residence Address / Street or R.R. City County State
At 1 Box 322A Clayton Ch.	Jame
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OF No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Definer (Specify)	Date of birth verified by: Birth Certificate Deffer (Specify)
the some	Jene of all the transport of the filmer
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes No Yes No Yes Yes Yes Yes Yes Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6 (a) Full page of applicants taken Aplicance of Method	Park of Run
6. (a) Full name of applicant's father (MIMM) (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father A Description are not applied to the adoption are not a
Residence of father (if deceased, so state) Lanton on 1	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Setty Williams	(b) Full maiden name of applicant's mother Xellen Scott
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date/0/5/191	immune deficiency syndrome). Signature of Applicant Date 10/1/9
9//	Signature of Applicant Sales S
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Signed Signed Subscribed and swora to before me this Level Clerk of the HENDRICKS Circuit County of HENDRICKS Subscribed and swora to before me this Level Clerk of the HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENT, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Calvin L. Settles II
and Suzanne M. Bousquet	I further certify that the following marriage certificate was filed in my office:
I, Steven W. Ranson	(name), certify that on10-26-91
Calvin L. Settles, II of Hendricks	in Hendricks County, Indiana, (state) and
Suzanne M. Bousquet of Hendricks Co.	County Indiana (state), and unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-26-91
Signed by: /s/ Steven W. Ranson	
Filed and recorded in accordance with the laws of the State of Indiana on	10-29-91 (date).
	c. C
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

544

No. _

HENDRICKS County File	
	10-2-91 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 I If No, Medical Examination or Report Dated 9-11-91 Name of Physician Dr. Wm. Edwards, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Piret Middle Steven Steven Month Day Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Annulment Date Date of birth verified by: Date of birth verified by: Birth Certificate Date Date Middle Steven Steven Steven State City County State Annulment Date Date	Name First Middle Last Date of Birth Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. T37 Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date 2-17-89
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Continue State of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 102-91 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) SS: County of
	A marriage license having been refused to the above named parties, the
and filed in, authorize RETURN OF MARRIAGE LICENS	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 10-2-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, Donald A. Steinmetz
and Sherry Lynn Deckard	I further certify that the following marriage certificate was filed in my office:
(date), atDanville	in Hendricks County, Indiana.
Donald Anthony Steinmetz of Hendricks	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ John P. Roof	
Filed and recorded in accordance with the laws of the State of Indiana on	10-21-91 (date).
BOYCE FORMS * SYSTEMS 1-900-382-8702 1477	Signed Cornie Frances Clerk HENDRICKS Circuit Court

No. ___ 545

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL	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 9-30-91 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Descrice Smith
4 1) 68	Month C Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1340 Farmidae, Waterford, Oakland, Thi	1633 Brentwood Dr. S., Old'6'D, Hendrick,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: ABirth Certificate Stother (Specify) Druvers Reense
1. Are you new as how you was been edivided to be of uncound mind?	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No Yes □
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Deroop andrew Curios	R0:0' 8 5 110 C
	6. (a) Full name of applicant's father Shilly Lee Smith, Sr
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) On Diana
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Dana and Dobbelage	(b) Full maiden name of applicant's mother San Ora Bar Durham
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Www.sacchisetto	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	10
Signature of Applicant Applicant Date 10/4/91	Signature of Applicant X Chuly Smith Date 10/4/
	1.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Con Victoria Date
State of Indiana I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed Sto Unil	Signed X Chilly Anth
New Address Subscribed and sworn to before me this 4th day of October 19 91	New Address
Comise Transfor Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 4th day of October, 19 91 Connice Fourteen Clerk of the HENDRICKS Circuit Cou
CONSENT OF PADENTS PADENT OF CHARDAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
	state lacis which make the consent of the other parent differensary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties the
	Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE MOTION	
I certify that there was filed in my office a marriage license issued by the Cl.	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	Steven Gerard Curiak
I Donald L. Collins	
And and an analysis of the state of the stat	(mante), certify that on
	inMadisonCounty, Indiana,
	County Michigan (state), and Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ Donald L. Collins	Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-10-91 (date).

_ Clerk Circuit Court

HENDRICKS

546

_Circuit Court

No. _

File

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I Yes I If No, Medical Examination or Report Dated 10-4-9/ Name of Physician 7 Turket 4.7 (?)
MALE APPLICANT	FEMALE APPLICANT
Scatt michael Wells	Name ann Middle (Lasy of Lasy)
Date of Birth Month Day Year 67	Date of Birth Month Day 19 Year 67
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Sfreet or R.R. City County State	Residence Address Street or R.R. City County State
227 Redgeway M. Asserben In	2610 N 950 E Brumshurg In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married SR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate DOther (Specify) Dualis Kic	Date of birth verified by: Birth Certificate Gother (Specify) Duois Lic.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No Yes ☐	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children
6 (a) Full name of applicant's father Kelmp Hene Wells	2 to summer of the summer of the
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father / William Tatters (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Mt. Verno,	Residence of father (if deceased, so state) Brawnshung, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Physics Han Hunt (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Manyunn Nickerson
Residence of mother (if deceased, so state) Mt. Ulran. II.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Pllinais	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant 10-4-91	immune deficiency syndromes) with the syndromes and syndro
Signature of Applicant Date 10-4-71	Signature of Applicant Out of National Date 10-4-91
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address SAME	New Address 227 Rickluay Dr. Nash rill. TN
Subscribed and sworn to before me this 4 d day of Oet 19 9/	Subscribed and sworn to before me this 4 day of a c 1991
Chrief aven Clerk of the HENDRICKS Circuit Court	Connie Raison Clerk of the HENDRICKS Circuit Court
CONSEST OF PARENTS PARENTS OF CONSESS.	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County ofHENDRICKS ss:	State of Indiana) Country of HENDRICKS ss:
FatherID #	County of
Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 10-4-91 authorizing the marriage of	Scott Michael Wells
andAnn Marie Patterson	I further certify that the following marriage certificate was filed in my office:
date), at Brownsburg	. Hondwicks
Scott M. Wells of Davidson	County Tennessee (state) and
Ann M. Patterson of Hendricks Cou	inty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-5-91
Signed by:/s/ George W. Davis Filed and recorded in accordance with the laws of the State of Indiana on	, Minister (official designation)
	(date).
	signed Comie Lawson Clerk
BOYCE FORMS • SYSTEMS 1-800-380-8702 1477	HENDRICKS Circuit Court

No. 547

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENI MENI	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 8-31-91 Name of Physician David Slotger, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Edward Geonard, Halen	Name First Middle 9 Last
Date of Birth Month Day Year S	Date of Birth Month Day Year 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 6975 /2 91, 625 E, Brownslows, Hendricha In	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Anther (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers Sicense
Are you now or have you ever been adjudged to be of unsound mind? No	Are you now or have you ever been adjudged to be of unsound mind? No Yes □
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒. Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	Are you related to the male applicant closer than second cousin? No√C Yes □ Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Sobert William Holey	6. (a) Full name of applicant's father Sonn andrew Darrison
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father the Charlest Davison (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) **Thicking** **Thicking**	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Deorgan Diuline	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother three Ellen Daniel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date 10-7-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS in this application is true and correct. Signed Ledward & Haley	County of HENDRICKS in this application is true and correct Signed Signed South of HENDRICKS
New Address Same	New Address
Subscribed and sworn to before me this	Subscribed and sworn to before me this 7th day of October, 19 9/ Connect Sources Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authoriz	res and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, Edward Leonard Halev
and Julea Justine Garrison	I further certify that the following marriage certificate was filed in my office
(date), at Brownsburg	in Hendricks County Indiana
Edward L. HaleyofHendricksJulea L. GarrisonofHendricksCo	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty Indiana (state) were married by me as authorized (state) were married (state)
Signed by:/s/_ James R. Davis Filed and recorded in accordance with the laws of the State of Indiana on	
Just of manufacture of manufacture on	

HENDRICKS

Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

____ Clerk _Circuit Court

HENDRICKS

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated 10-7-91 Name of Physician Dr. J. Doscoli, M.P.
MALE APPLICANT	FEMALE APPLICANT
ame First Brobert Curers	Name First Middle Last
ate of Birth Month Day Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Marriago OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) Drivera Fylaense	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Ricense
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? Note Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? Note Yes 3. Are you now under the influence of an alcoholic beverage? Note Yes Ye
Are you now under the influence of a narcotic drug? No ★ Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Daylor Button
(a) Full name of applicant's father Bobert Jackson avers	6. (a) Full name of applicant's father Kenneth Sowell Hutton
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) 30 Section 2016
Birthplace of father (State or foreign country) W. Durasmio	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Wola Sylbhard	(b) Full maiden name of applicant's mother Margaret Marilyanday
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	Signature of Applicant Staly Staly Date Oct 7,17. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
ss: I swear/affirm that the information given ounty of HENDRICKS in this application is true and correct. Signed New Address Ubscribed and sworn to before me this The day of October 19 9 1	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 7th day of Oatson, 19 9
Clerk of the HENDRICKS Circuit Court	Connie Toursen Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN fe, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ounty ofHENDRICKS	State of Indiana) County of HENDRICKS ss:
ther ID #	Father ID # Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana.
	I further certify that the following marriage certificate was filed in my office:
	(manual asset) at a su = 0 = 9
Rev. Ted D. Stephenson	(name), certify that on
Rev. Ted D. Stephenson date), at Indianapolis Tim Robert Ayers of Hendricks	in
Rev. Ted D. Stephenson date), atIndianapolis	in Marion County, Indiana, County Indiana (state), and Indiana (state) were married by me as authorized

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 10-2-91 Name of Physician William M.D.
MALE APPLICANT	FEMALE APPLICANT
no O -First O Middle O Last	Name of First Middle of Last
te of Birth Morith Day Year	Date of Birth Monthy Day Year 2
9 1/ 67	Date of Birth Month Day 15
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. Sity Sounty 1 State	Residence Address State State
1217 & Center St. Plainfield In.	Positione Address of R. B. 668 Spurgeon In 475
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
tt Marriage Ended By: Death Divorce Annulment Date	
	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	
	Are you now or have you ever been adjudged to be of unsound mind? No Yes
	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second course?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No yes	2. Are you related to the male applicant closer than second cousin? Yes 3. Are you now under the influence of an alcoholic heverage?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcetic drug? No. 2. No
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	Nd(1) Tes
List the full names of any dependent children.	List the full names of any dependent children
(a) Full name of applicant's father Jack alle Maustall	6. (a) Full name of applicant's father alvin John Replie
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Cluben from New York (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Place field In.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother knily Jean Seymour	(b) Full maiden name of applicant's mother Patricia Blen Napale
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Place feeld .	Residence of mother (if deceased, so state) Springen, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) New York
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant Michael a Marshall Date 10-7-91	Signature of Applicant Lemmy 5 Julio Date 10-7-91
ature or applicant	Signature of Applicant PUNNY - Q-1010 Date 10-7-91
above applicant has objected to verifying by oath or affirmation or signature to the above	distribution of signature to the should
nowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
rk of Court Date	
	Clerk of Court Date
te of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
inty of HENDRICKS ss:	County of HENDRICKS ss: // in this application is true and correct.
Signed Michael (Marshall	Signed Lenny & State
New Address 152 S. Kentucky Danville W	1. New Address IS S. Cintucky Camerile, In
scribed and sworn to before me this day of day of day of	Subscribed and sworn to before me this 7' day of act, 19 9/
Circuit Court	Course Causon Clerk of the HENDRICKS Circuit Court
	Come Mauron
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one consent for this marriage.	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
e of Indiana)	The state of the s
of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
erID #	County of MENDICAS
er	Father ID #
scribed and sworn to before me thisday of19	Mother ID # Subscribed and sworn to before me this day of
day of	Subscribed and sworn to before me this day of
	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
d filed in, authorize	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	F AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS Court L. L.
ed, authorizing the marriage of	Michael Allen Marshall
renny E. Leslie	I further certify that the following marriage certificate was filed in my office:
Tacher David Fleck	(name), certify that on 10-12-91
te), atOakland City	in Gibson County Indiana
Michael Allen Marshall of Hendricks	County Indiana (state) and
County Elizabeth Leslie of Pike County	unty Indiana (state) were married by me as sutherized
an a manuface Harmond at the state of the st	County Indiana dated 10-12-91
ter a marriage acense that was issued by the Clerk of the Circuit Court of	the state of the s
ned by:/s/ Father David Fleck	,Catholic Priest_(official designation)
ned by:/s/ Father David Fleck ed and recorded in accordance with the laws of the State of Indiana on	County, Indiana, dated
ned by:/s/ Father David Fleck	
ned by:/s/ Father David Fleck ed and recorded in accordance with the laws of the State of Indiana on	

HENDRICKS

550

Circuit Court

File _

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes U
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 10-7-91 Name of Physician Dr. Sh. Rebecco Garale, MD.
ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Ivame of Physician
MALE APPLICANT	FEMALE APPLICANT Name D First Middle Last
Steven Goss Judor	Jeslie Diane Slover
ate of Birth Month Day Year	Date of Birth Month Day Year 6)4 72
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State R.O. Book 58, County, Kindmalas, In.
84 W 500 S P.O. Box 58 Clayton, Hendricha, On.	Previous Marital Status: Never Married (S) OR No. of Previous Maritages
revious Marital Status: Never Married 🖾 OR No. of Previous Marriages	
ast Marriage Ended By: Death Divorce Annulment Date	
ate of birth verified by: Birth Certificate Other (Specify) Drivers Ticense	Date of birth verified by: Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
. Are you related to the female applicant closer than second cousin? No S Yes ☐	2. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic beverage? No ♠ Yes ☐ No ♠ Yes ☐ Yes ☐ No ♠ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes □
Are you now under the influence of a narcotic drug? No SQ Yes List the full names of any dependent children.	List the full names of any dependent children.
List till full flames or any department difficult	
7	6. (a) Full name of applicant's father Bronald Dlenn Sloven
(a) Full name of applicant's father Horse Too Full or	6. (a) Full name of applicant's father Sonal Stenn Stenn (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Missourie	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Magneturles The Hill	(b) Full maiden name of applicant's mother hours de Johnson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Charles of House Court of the C
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
LIERK OF COURT	
State of Indiana) I swear/affirm that the information given ss: T in this application is true and correct.	State of Indiana County of HENDRICKS Ss: I swear/affirm that the information give in this application is true and correct in the control of the cont
County of HENDRICKS in this application is true and correct. Signed Turker Turker Turker Turker Time and correct.	Signed X Sister Slave in this application is true and correct
New Address Same	New Address
Subscribed and sworm to before me this	Subscribed and sworn to before me this 7th day of October, 19 9 Circuit Council Counci
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana) State of Indiana) State of Indiana)	State of Indiana) Scaunty of HENDRICKS)
County of	County of ID #
Father ID # Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Ck
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
COMPLETE II MAININGE LICENSE ISSUED ET CITETA OF COMPLETE	Court, by written order issued
County	es and directs the issuance of a marriage license to the above named partie
and filed in, authoriz	
and filed in, authoriz	SE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Claded 10-7-91, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana Steven R. Tudor
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladted, authorizing the marriage of, authorizing the marriage of	Steven R. Tudor I further certify that the following marriage certificate was filed in my office.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 10-7-91 , authorizing the marriage of and Leslie D. Slover	Steven R. Tudor I further certify that the following marriage certificate was filed in my office.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 10-7-91 , authorizing the marriage of and Leslie D. Slover	Steven R. Tudor I further certify that the following marriage certificate was filed in my office.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 10-7-91, authorizing the marriage of and Leslie D. Slover I, Stevan W. Ranson (date), at Hazelwood Christian Church Steven R. Tudor of Hendricks	lerk of the Circuit Court of Steven R. Tudor I further certify that the following marriage certificate was filed in my office [name], certify that on
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated	lerk of the Circuit Court of Steven R. Tudor I further certify that the following marriage certificate was filed in my office [name], certify that on 10-8-91 in Hendricks
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated 10-7-91, authorizing the marriage of and Leslie D. Slover I, Stevan W. Ranson (date), at Hazelwood Christian Church Steven R. Tudor of Hendricks Leslie D. Slover of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	lerk of the Circuit Court of Steven R. Tudor I further certify that the following marriage certificate was filed in my office [name], certify that on 10-8-91inHendricks County, Indiana, CountyIndiana (state), and
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated	lerk of the Circuit Court of Steven R. Tudor I further certify that the following marriage certificate was filed in my office (name), certify that on
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated	Terk of the Circuit Court of Steven R. Tudor — I further certify that the following marriage certificate was filed in my office (name), certify that on 10-8-91 — in Hendricks County, Indiana, (state), and Indiana (state) were married by me as authorized (state) were married by me as authorized (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No551
HEND.	Soundy
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ⊠ Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	
Date of Birth Month Day Gear	Name First Middle Last Placek Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
39 Campbell Ct. Mooreaville, Hendricks, In.	39 Campbell et, Marisoille, Gerdricks, Fillina
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dether (Specify) Druvers Tucense	Date of birth verified by: Birth Certificate Other (Specify) Driver's Risewal
Are you now or have you ever been adjudged to be of unsound mind? No No Yes □	1. Are you now or have you ever been adjudged to be of unsound mind? No 🖫 Yes 🗆
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes □
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Frank William Janneck	6. (a) Full name of applicant's father Charles Kenneth Placek
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Missessota
(b) Full maiden name of applicant's mother Malonna Sue Harvestaen	(b) Full maiden name of applicant's mother Shirley, Jry Johnson
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) North Dololla
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Harth Dakollo
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant & Manage Kay Maak Date 10-14-5
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS in this application is true and correct. Signed New Address Subscribed and sworn to before me this 8th day of October 19 9 1 HENDRICKS in this application is true and correct. Aday of October 19 9 1 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed K James Kry Hacel New Address Lane Subscribed and sworn to before me this 4 day of October, 19 4 Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	Council Indiana (III III III III III III III III III I
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana.
	I further certify that the following marriage certificate was filed in my office:
(date), atDanville	(name), certify that on10-19-91in Hendricks County, Indiana,
Curtis F. Janneck of Hendricks Nancy Kay Ptacek of Hendricks Covered	County Indiana (state), and

HENDRICKS

(date).

Minister 10-30-91

Signed

County, Indiana, dated

(official designation)

____ Clerk Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/s/ Andrew J. Simkins
Filed and recorded in accordance with the laws of the State of Indiana on ___

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

552

Date of Application

No.

File _

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician A. Burnewicz, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Riddle Lasg	Name First Middle Cast Malling
Date of Birth Month Day Yelar	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
an Qiano	Indiana
Residence Address Street or R.R. City County State Glip County State Glip County State	Residence Address Street or R.R. City County State
110	- Jan - Z
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 8 - 9	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 3 — 9
Date of birth verified by: Birth Certificate ØOther (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) Drivers Rigense
- Drugers vycense	- Range grainse
A Description of the second se	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Dutta Dutta have been a selected by the day of th
	Keith Malling
6. (a) Full name of applicant's father arnold Edward Tines	X
. The first the first of the f	6. (a) Full name of applicant's father Soundines Y Number Wings (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) West Vivonnio
(b) Full maiden name of applicant's mother Mura Mara la Red	(b) Full maiden name of applicant's mother date Thanks
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Land R. Date 10-10: 91	immune deficiency syndrome).
Signature of Applicant Amount Comments of Applicant Date 10-10-41	Signature of Applicant Date Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS In this application is true and correct.
Signed Moldella	Signed Milling
New Address Some	New Address O + O 9 1
Subscribed and sworn to before me this 10-0 day of 0 at ale 19 9 1	Subscribed and sworn to before me this 10th day of October, 19 91
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONCENT OF DADENTS DADENT OF CHARDIAN	CONCENT OF PARENTS PARENT OF CHARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State were which make the sensor of the state parent differences	State lacts which make the consent of the other parent dimeocostary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 10-10-91, authorizing the marriage of	Arnold R. Jines
	I further certify that the following marriage certificate was filed in my office:
I, Thomas Franklin	
(date), at Indianapolis	in Marion County, Indiana,
Arnold R. Jines of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-12-91
Signed by: /s/ Thomas Franklin	
Filed and recorded in accordance with the laws of the State of Indiana on_	10-15-91 (date).
	Signed Comie Jouvan Clerk
	HENDRICKS Circuit Court

553

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	10-10-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 9-25-91 Name of Physician And Decks M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Clast Cast Allan The Mary	Name Sharan Anna Madde
Date of Birth Day Year 20 45	Date of Birth Month Day Year
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) 7296 7 7012 apr. 10, Ploffly Hendricks, 7 Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State R. G. Book 436 Florer Oale, Sutnam, On	Residence Address Street or A.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 7 - 91	Last Marriage Ended By: Death Divorce Annulment Date 8 - 9
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
0	S. Cold the foll maries of any dependent crimdren.
6. (a) Full name of applicant's father Ontic Motory	6. (a) Full name of applicant's father S. Halman Johnson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Delen Brugan	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother than the factor of the
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	immune deficiency syndrome). Signature of Applicant Sharon G: M Sean Date 10 /10/ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS	State of Indiana) I swear/affirm that the information given
Signed Some Some	County of HENDRICKS ss: in this application is true and correct. Signed X Sharon A. Machine Steam New Address
Subscribed and sworn to before me this 10th day of October, 19 91 Cannie Fameon Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 10th day of October 19 91 Connie Rowson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
county of HENDRICKS ss:	County of HENDRICKS ss:
### ID ################################	Father ID # Mother ID #
subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court by written order issued
, dutionize	es and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Clerated 10-10-91, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana,
Milliam D. Byrd	. I further certify that the following marriage certificate was filed in my office: (name), certify that on10-10-91 inPutnamCounty, Indiana,
date), at4:00 pm - Cloverdale	in Putnam County Indiana
Joe A. McNary of Putnam	County Indiana (state), and
nder a marriage license that was issued by the Clark of the City	nty Indiana (state) were married by me as authorized
igned by:/s/ William D. Byrd	M
Si	igned Connie Lawson Clerk
TYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

HENDRICKS

County

554

Date of Application

Circuit Court

File _

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 1 Yes I If No, Medical Examination or Report Dated 10-11-91 Name of Physician W.C. Staffor O, MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Cannotta Date of Birth Month Day Place of Birth (State or foreign country) Residence Address Street or R.R. City County State County State County Previous Marital Status: 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? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Sarray Brahan Scroophan (If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Stuth Evelyn Studens (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Production (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 10-11-91 The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Light of the HENDRICKS Clerk of the HENDRICKS Signed A day of Light of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X HELDRICKS Signed X HELDRICKS Subscribed and sworn to before me this HENDRICKS Subscribed and sworn to before me this HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana County of HENDRICKS Father	State of Indiana) ss: County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
(date), atMuncieDavid A. Simsof Hendricks	erk of the Circuit Court of
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Dr. David R. Cartwright Filed and recorded in accordance with the laws of the State of Indiana on	unty Indiana (state) were married by me as authorized

Tony F. Tomblin

Laura I. Wampler

of Hendricks

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

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

Signed by: /s/ Thomas E. Smith

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 10-11-91 Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No X Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Bobert Haven, M.D. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** tomble. Wampler Place of Birth (State or foreign country) Place of Birth (State or foreign country Hendricho, 4586 W.400 Mair Never Married Never Married OR No. of Previous Marria Previous Marital Status: Divorce Death Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) No D Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 No 🗌 Yes 🔲 Yes 🔲 No. Yes 🔲 No 🖾 Yes 🗌 No 🖾 Yes 🗌 No 🖸 Yes 🗌 No 🖾 Yes 🔲 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? No 🛛 Yes 🗌 List the full names of any dependent children. William Franklin Tomblin Shilip Wampler Indiana Kentucky Eller Carter miliana of mother (if deceased, so state) Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Clerk of Court Clerk of Court State of Indiana day of October, 19 day of October, 19_ CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 10-11-91, authorizing the marriage of Tony F. Tombli HENDRICKS Tony F. Tomblin _ , authorizing the marriage of _ and Laura I. Wampler . I further certify that the following marriage certificate was filed in my office: I, Thomas E. Smith 10-12-91 _ (name), certify that on ___ (date), at ____ Stilesville Hendricks County, Indiana,

Indiana

(date).

Minister

_(state), and _

(official designation)

Lauren

HENDRICKS

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 10-17-91

_ County _

County Indiana

10-17-91.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
<u>HEND</u>	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🛭 Yes 🗆 If No, Medical Examination or Report Dated 10-2-91 Name of Physician Sychano Dancelo MD
10 31-7-3 commits a class b leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Plarman	Name Elisabeth ann Thore
Date of Birth Day Year 8 12 68	Date of Birth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 8128 Hughes R.C. Worth Salem Handridge, In.	Residence Address Street or R.R. City County State
8128 Hughes CR, Harth Salem Andriado, on. Previous Marital Status: Never Married & OR No. of Previous Marriages	Previous Marital Status: Never Married X OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: ABirth Certificate AOther (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐ 2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	1. 1) 97.
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Derrug Warge Thorre (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother than a Trang Dames	(b) Full maiden name of applicant's mother lane of the one of the order
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed X John M Planner New Address Same	Signed XElizabeth a. Moore New Address
Subscribed and sworn to before me this 11th day of October, 19 91 Cornia Fauson Cierk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 17th day of October, 19 91 Connic Faucen Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated10-11-91, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andElizabeth A. Moore	I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-26-91
I, Elizabeth H. Spurlock	(name), certify that on 10-25-91
date, at North Salem Of Hendricks	_in_Hendricks County, Indiana, County Indiana (state), and
Elizabeth A. Moore of Hendricks Con	unty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ Elizabeth J. Spurlock	HENDRICKS County, Indiana, dated 10-26-91
Filed and recorded in accordance with the laws of the State of Indiana on	

____ Clerk _Circuit Court

____ Clerk _Circuit Court

No. ___ 557

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

APPLICATION FOR MARRIAGE LICENSE

HENL	County File
	10-11-91 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 X Yes If No, Medical Examination or Report Dated 10-5-91 Name of Physician Blance Carenther of Central Space
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Seriest Middle . Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3950 M. 1000 E. Let 80, Brownstrig, Hendrichs, Dr.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Druvers Roense	Date of birth verified by: Blirth Certificate Dother (Specify) Drivers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes Yes Yes Yes Yes No X Yes Yes No X Yes No X Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
6. (a) Full name of applicant's father. (If adopted, list adoptive parents only). Residence of father (if deceased, so state). Birthplace of father (State or foreign country): (b) Full maiden name of applicant's mother. (If adopted, list adoptive parents only). Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country).	6. (a) Full name of applicant's father Dornal Malon Scott (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 Ena Day Jordan (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Plineis
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-11-91 The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable disease that are sexually atransmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-11- The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed M. Was Address New Address Some	State of Indiana County of HENDRICKS Signed ENW M. Sooth New Address
Subscribed and sworn to before me this 1 th day of October 19 9 HENDRICKS Circuit Court	Subscribed and sworn to before me this 11th day of October, 19 91 Conne Foundation Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana County of HENDRICKS Ss:
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	Michael Dean Tasker
andEna Marie Scott I,James R. Davis	. I further certify that the following marriage certificate was filed in my office: (name), certify that on10-12-91
(date), at Brownsburg	in Hendricks County, Indiana,
Michael D. Tasker of Hendricks	County Indiana (state) and
Ena M. Scott of Hendricks Counder a marriage license that was issued by the Clerk of the Circuit Court of	inty Indiana (state) were married by me as authorized HENDRICKS County, Indiana, dated 10-12-91
Signed by: /s/ James F. Davis Filed and recorded in accordance with the laws of the State of Indiana.	, Minister (official designation)

HENDRICKS

County

Damson

Clerk

__Circuit Court

10-14-91 No X Female Applicant 50 Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated 10-10-91.

Name of Physician Dessky A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Place of Birth (State or foreign country 394 A. Coute Jam Previous Marital Status Never Married OR No. of Previous Marriages Previous Marital Status: Never Married Annulment Last Marriage Ended By: Date 5 - 89 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No D Yes 🗌 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? If answer is "ves." has the adjudication been removed? If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 No 🗌 Yes 🗌 No D Yes 🔲 No Yes 🗆 Are you related to the female applicant closer than second cousin? No Yes Yes 🔲 Are you now under the influence of an alcoholic beverage? No TA Yes 🔲 List the full names of any dependent children. Bryan Charles Johann W. The Dure Deceased Residence of mother (if deceased, so state). nce of mother (if deceased, so state)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given I swear/affirm that the information giver HENDRICKS HENDRICKS day of October, 19 91 day of October, 19 91 HENDRICKS HENDRICKS _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on 10-19-91 and Lora L. Jones I, Del. Follis (name), certify that on _ __in__ Hendricks __County__ Indiana punty___ Indiana (date), at ___Coatesville _ County, Indiana,_ Troy K. Gorham Hendricks of Hendricks _(state), and _ Lora L. Jones (state) were married by me as authorized County_ of_ HENDRICKS _County, Indiana, dated _ Minister _ (official designation) 10-28-91

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

559

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	10-15-91 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 V Yes If No, Medical Examination or Report Dated 8-27-91 Name of Physician Dr. T. W. Oce, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Date of Birth Month Day Year 10 Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County . State	Residence Address Street or R.R. City County State
9825 D. Washington St. Inspec, Hendrichs, In.	Same Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Drivers License	Date of birth verified by: Birth Certificate & Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes Yes Yes Ye
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? No N Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children. Destine Tychole
	Wrotes
6. (a) Full name of applicant's father, Charles Lowerne Batton, St.	6. (a) Full name of applicant's father EQUARQ Wroter
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Helen Louise Stewart	(b) Full maiden name of applicant's mother alborata and Minher
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually etransmitted, and a list of the test sites for the virus that causes AIDS (acquire
Signature of Applicant Land Fee Date 15-15-91	Signature of Applicant X Saray Wroles Date 10 15
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgmenf because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given County of HENDRICKS ss: I wear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS State of Indiana I swear/affirm that the information give in t
Signed X Salis Hiller	Signed X 9 Ba & Wollin
New Address Same	New Address
Subscribed and sworn to before me this 15th day of Ctober, 19 91 Commiss Sawdon Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 15th day of October 19 91 Connue Bourson Clerk of the HENDRICKS Circuit Court
Section Country of the Country of th	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana) State of Indiana) State of Indiana)	State of Indiana) HENDRICKS 58:
Father ID #	County of ID #
Mother	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 10-15-91 , authorizing the marriage of	Charles L. Patton, Jr.
I, Cynthia J. Spence	I further certify that the following marriage certificate was filed in my office. (name), certify that on 10-15-91
(date), atDanville	in County, Indiana,
Charles L. Patton, Jr. of Hendricks Lora J. Wroten of Hendricks Co	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by /s/ Cynthia J. Spence	(state) were married by me as authorized

_ (date).

Same on HENDRICKS

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes
person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 9-7-9/
ircuit court when the person applies for a marriage license under	Name of Physician K. Tlausell, M.D.
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
mer h allen Harden	Name Jaella - Musgrove
of Birth Month, 2 Day Year 5 a	Date of Birth Month Day You
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indianipalie, In.	Residence Address Street or R.D. City County State
7898 WSt Rd 240 Centeraelle In	7898 W St Rd 240 Contexalle In.
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married AQR No. of Previous Marriages
Marriage Ended By: Death □ Divorce A Annulment □ Date 4-J1_91	Last Marriage Ended By: Death Divorce Annulment Date
Marriage Ended By: Death Divorce Annulment Date 4-1/-9/	
of birth verified by: Birth Certificate Differ (Specify) Druses Lie	Date of birth verified by: Birth Certificate Stier (Specify) Drugers Lie
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children. Aces eea Luna Wanden II ma	List the full names of any dependent children.
Duniel Scatt Hayden 9 ups.	
(a) Full name of applicant's father Otis Wayden	6. (a) Full name of applicant's father alvis Tresting Thusgr
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) mt. meridian, In.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Pasa Menta Votana	(b) Full maiden name of applicant's mother Gnis Flor Wilson
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Distribute of motion (State of foliagin country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant Mark allen Bagen Date 10-16-51	Signature of Applicant Joella Mussour Date 10-16-9
nature of Applicant Mark allen wastern Date 10-16-37	Signature of Applicant Signature of Applicant Date 10-16
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
nowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
	Character trailing
te of Indiana I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed Mark aller Haysler	Signed Joella Musgaoul
New Address	New Address
oscribed and sworp to before me this 16 th day of Oet , 199/	Subscribed and sworn to before me this _/6 day of
Tanil Laws Clerk of the HENDRICKS Circuit Court	Chrickara Clerk of the HENDRICKS Circuit Court
	CONSCIT OF PARTIES PARTIES OF CHARDIAN
ISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	state facts which make the consent of the other parent unnecessary
The state of the s	
e of Indiana)	State of Indiana) ss.
nty of	County of HENDRICKS ss:
er ID #	Father ID #
ner ID #	Mother ID #
ciribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	
	zes and directs the issuance of a marriage license to the above named parties.
DETUDIN OF MADRIAGE MODILIO	SE AND MADDIAGE CERTIFICATE
	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of
ertify that there was filed in my office a marriage license issued by the Cl ed, authorizing the marriage of	Mark Allen Hayden County, Indiana,
Joella Musgrove , dumonting the marriage of	I further certify that the following marriage certificate was filed in my office:
Gregory Lee Ratliff	(name), certify that on10-26-91
ate), at New Winchester	inHendricks County, Indiana,
Mark Allen Hayden of Hendricks	County Indiana (state), and
	ounty Indiana (state) were married by me as authorized
der a marriage license that was issued by the Clerk of the Circuit Court of	
gned by: /s/ Gregory Lee Ratliff	
led and recorded in accordance with the laws of the State of Indiana on_	11-15-91 (date).
	Signed Cornie Lawon Clerk
	HENDRICKS Circuit Court

Richard Clevenger

Jacqueline M. Everman

(date), at_

Darrell Stone

Clayton

Hendricks

Hendricks

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

Signed by: ___/s/ Richard Clevenger

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🖾 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Michael circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Stone Everman Never Married OR No. of Previous Marriages Divorce D Date 1980 Death Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Drivers License Note Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Notal No Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? Yes 🗌 Yes 🗌 Are you related to the female applicant closer than second cousin? Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 List the full names of any dependent children. Full name of applicant's father Joseph Anthony Har meyer (a) Full name of applicant's father Clen er (if deceased, so state) Ole Cooks of nce of father (if deceased, so state) ne of applicant's mother Vera Movie Gross Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country). ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS day of October 19 day of October, 1991 Subscribed and sworn to before me this We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs its of this applicant, hereby give consent for this marriage. If only COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued _ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, Jacqueline M. Everman

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

(name) certify that on 11-24-91

HENDRICKS

(date).

County, Indiana,

County, Indiana, dated _

_(state), and _

(official designation)

(state) were married by me as authorized ntv. Indiana, dated 11-24-91

Clerk

Circuit Court

(name), certify that on Hendricks

Indiana

Minister

HENDRICKS

Indiana

12-10-91

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

562

No.

File .

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 9-26-91 Name of Physician Parameter Parameter Name of Physician Parameter Name of Physician No Yes Yes No Y
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Date of Birth Day Year S S	Place of Birth (State or foreign contriv) Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 8/ Date of birth verified by: Birth Certificate Offier (Specify) Annulment No Yes If answer is "yes," has the adjudication been removed? 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes If answer is "yes," has the adjudication been removed? 3. Are you now under the influence of an alcoholic beverage? No Yes If Are you now under the influence of an arcotic drug? No Yes If the full names of any dependent children.
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother than an attendant (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother Mayy Insucis Wells (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Addition
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 10-17-91	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroges). Signature of Applicant Applicant Date 10/17/91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Sign
Subscribed and sworn to before me this 17 day of Oct 19 9/ Chine Rawan Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 17 day of a Ct 19 9/ Correct Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
and Margaret Jane Hamilton I, Stephen White (date), at Plainfield Grant Vincent Powell of Hendricks	rk of the Circuit Court of HENDRICKS County, Indiana, Grant Vincent Powell I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-26-91 in Hendricks
Margaret Jane Hamilton of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ Stephen White Filed and recorded in accordance with the laws of the State of Indiana on S	HENDRICKS County, Indiana, dated 11-8-91 Minister (official designation) (date). Gigned Corne Sawson Clerk
BOYCE FORMS • SYSTEMS 1-600-362-6702 1477	HENDRICKS Circuit Court

Circuit Court

563

No.

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County File
	10-17-91 Date of Application
	Date of Application
	Female Applicant 50 No 🗹 Yes 🗆
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes 10-10-91
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT Name of First Middle / Last /
lame Russell First Del Last Knauer	Jamela to Haymaker
Date of Birth A Month Day Year 1066	Date of Birth August Month 1 Day Year 1969
Harvard Digith (Clade as baseling squarter)	Place of Birth (State of foreign country)
lesidence Address Street or R.R. // City / / Country State)	Residence Address // c/ Street op/9-8/ / City/ // County / Syate/
residence Address Street or R.R. Clossical Lauran State State	18057) Lucian Kd. Linapis. Aunaricko Lin
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
Date of birth verified by: Birth Certificate Orother (Specify) Living Kicinst	Date of Dirth Verified by. Soft Certificate 20 Street Copessity Williams Williams
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
. Are you related to the female applicant closer than second cousin?	2. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
Are you now under the influence of a narcotic drug? No Yes \\ List the full names of any dependent children. Kumbely Kay Byso.	List the full names of any dependent children.
Knindam 2 yrs.	
	- Carrilla de Managhin
(a) Full name of applicant's father Ron Kny Knasser	6. (a) Full name of applicant's father Justi Uurnon Haymakin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Birtholace of father (State or foreign country) & Malana
(b) Full maiden name of applicant's mother Yona Guar Russon	(b) Full maiden name of applicant's mother Mary Chroinea Kake
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Lindiana
Residence of mother (if deceased, so state) Syndiana	Hesidence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Lindiana	Birthplace of mother (State or foreign country)
ACUAIGNU FROMENT	ACKNOWLEDGMENT
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually *transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant Jamela J. Narmater Date 10-17
mmune deficiency syndrome). Signature of Applicant Hussell Dee Knauer Date 10-17-91	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information giv
State of Indiana County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
X Signed Russell Dee Krauer	Vigned famely Jamele J. Dumaker
New Address 1805 N Shiloh Rd. Indpls 124634	New Address SAME - Subscribed and sworn to before me this 17-4 day of Q 19 91
Subscribed and sworn to before me this 17th day of Ct., 19 9	
DENEL O Deuro Clerk of the HENDRICKS Circuit Court	Course James Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Script of HENDRICKS SS:	State of Indiana) State of Indiana) SS:
County of	County of ID #
Father ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	0
THE REPORT OF COURT	A marriage license having been refused to the above named parties t
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t Court, by written order issued
and filed in, authori	izes and directs the issuance of a marriage license to the above named partie
	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 10-17-91 , authorizing the marriage of _	I further contify that the following marriage certificate was filed in my office
and Tamela Jo Haymaker I Bryan Halfaker	I further certify that the following marriage certificate was filed in my office (name), certify that on
(date) at AVON - 0:00pm	in hondride County, Indicate,
Russell Dee Knauer of Hendricks	County Indiana (state), and
Tamela Jo Haymaker of Hendricks C	County Indiana (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	ofCounty, Indiana, dated
Signed by: /s/ Bryan Halfaker Filed and recorded in accordance with the laws of the State of Indiana on	Youth Minister (official designation)

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

_Circuit Court

564

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes I If No. Medical Examination or Report Dated 9-10-91 Name of Physician Deralline a Darnora, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Great
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	2805 Black Brock BD, Blager, Hindriche, J
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No	A Are you need the influence of all alcoholic beverage?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Quis D. Burg	6. (a) Full name of applicant's father Johnson Spee Jones
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Elisa Orth Elaine Kina	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Doub Conn Weston (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Tentuclary	Birthplace of mother (State or foreign country) Urojinia
immune deficiency syndrome). Signature of Applicant Brices By Date 10-17-91 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant Date 10-17- The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana	Date
Subscribed and sworn to before me this Clerk of the Clerk of the County of HENDRICKS Signed Success Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed A Orr A Jones New Address Subscribed and sworn to before me this 17-th day of October, 19-91 Connection of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of	State of Indiana) County of HENDRICKS ss:
father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
COMPLETE IS MARRIAGE LIGENOS IQUIES DV CONTRACTOR	Clerk
County	marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cler	wh of the Circuit Court of HENDRICH
atter, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, Brian Keith Byrd
nd Lori Ann Jones	I found on a suife about C. H
date) at Indianapolia	(name), certify that on10-26-91
Brian K. Byrd of Marion	in County, Indiana,
Lori A. Jones of Hendricks Countries	nty Indiana (state)
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/s/ Robert Lewis Burton	HENDRICKS County Indiana dated 10-26-91
illed and recorded in accordance with the laws of the State of Indiana on	(official designation)
and of the state of material on	(date).
Si	igned Comie Grawson Clark
	gried Clerk UEADDICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

보이다. 그 그렇게 하고 하고 있었다면 그리고 있다는 것이 없다.	No565**
HEND	PRICKS County File
	10-17-91
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Michael Nelly, M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE ADDITIONAL
Name First Middle Last	FEMALE APPLICANT Name First Middle Last
	Barbara Mae Thornell
Date of Birth Month Day Year	Date of Birth Month Day Year 7 26 1451
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State Wain St., P.O. Box 157, Contended to
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages 2
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Sother (Specify) Driver's Ficense
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	Are you related to the male applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Kumbrily 5. 15	5. List the full names of any dependent children. **District Thornell 18** **Religion Thornell 16**
	William Thomas 16
6. (a) Full name of applicant's father	6. (a) Full name of applicant's father Florid Wendell Geiger
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state) Online
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Maticaldo Blatton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Dictased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Kuntucky
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseath that are sexually *transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Saubara The Thornulbate 10-17-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information gi
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: ip this application is true and corn
Signed	Signed & Barbara Mae Tharnell New Address
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this 17 day of October, 19 21
Clerk of theHENDRICKSCircuit Court	Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
Clerk	Subscribed and sworn to before me this day of, 19C
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	
and	I further certify that the following marriage certificate was filed in my offic (name), certify that on
(date), at	_ in County, Indiana,
of	County(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	unty (state) were married by me as authorized

(official designation)

Clerk

Circuit Court

(date).

HENDRICKS

Signed_

Signed by: ______ Filed and recorded in accordance with the laws of the State of Indiana on__

566

_Circuit Court

HENL MENT	DRICKS County File
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes
person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 9-18-9/
rcuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Name of Physician Suffin MD.
of 7 o committee a class B felony.	
MALE APPLICANT	FEMALE APPLICANT
ne A First la middle Mast: 1 10	Name First , Migble Last
of Birth Mogth Day Year 1	Date of Birth Month Day Yardan
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street or R.R. City County A State	Indianapalis In.
250 N Fast St. Plunfield In.	Residence Address Street or R.R. City City County State State
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 81
of birth verified by: Birth Certificate Gother (Specify)	
Number of the control	Date of birth verified by: Birth Certificate Officer (Specify) Ornalis Rec
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed?
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No. Yes Yes
Are you now under the influence of a narcotic drug? No Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes Yes Yes
List the full names of any dependent children.	List the full names of any dependent children,
(a) Full name of applicant's father Dick arnald Stringfell	ect. (a) Full name of applicant's father Larry Gustav Jorda
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Dracelle, In.	Residence of father (if deceased, so state). Place field in
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	Full maiden name of applicant's mother Mailer Ray U.d.
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT cknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nune deficiency syndrome). If I may be a series of the syndrome of the syndrom	immune deficiency syndrome).
ture of Applicant Manley 1111. Mungfellow Date 10-18-91	Signature of Applicant Snaki K. Gordan Date 10-18-91
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has chicated to contribute the chicated the contribute the chicated the chicate
owledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
of Court Date	Clerk of Court Date
of Indiana) I swear/affirm that the information given	
ty of HENDRICKS ss: in this applications is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct
Signed Starley M. Shingfellow	Signed Shari K. Gordan
New Address Same cribed and sworn to before me this 18th day of Qet 19 91	New Address 250 n. Cast St. Apt. 110 Pepila. D
HENDRICKS	Subscribed and sworn to before me this
Circuit Court	Clerk of the HENDRICKS Circuit Court
ENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
cts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
of Indiana)	Case of Indiana
y of <u>HENDRICKS</u> SS:	State of Indiana) County ofHENDRICKS ss:
ID #	Father ID #
ID #	MotherID #
bed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
PLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
iled in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS tify that there was filed in my office a marriage license issued by the Cle	at af at a City is Cit
1 10-18-91 , authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, STANLEY M. STRINGFELLOW
SHARI K. JORDAN	. I further certify that the following marriage certificate was filed in my office:
DAVID F. LUMPKIN	(name), certify that on 11-23-91
e), at LIZTON	in HENDRICKS County, Indiana,
STANLEY M. STRINGFELLOW of HENDRICKS	County IN(state), and
er a marriage license that was issued by the Clerk of the Circuit Court of	IN (state) were married by me as authorized HENDRICKS County Indiana dated 11-23-91
ed by: /s/ DAVID E. LUMPKIN	County, Indiana, dated11-23-91,
and recorded in accordance with the laws of the State of Indiana on	12-2-91 (date).
The state of the s	signed Lorine James Clerk
	HENDRICKS Circuit Court

567

____ Clerk _Circuit Court

No. __

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENI	DRICKS County File
경기에 되었다. 그리는 사람들은 바로 살아 가장 없이 경험하였다.	10-18-91
	10-18-91 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ⊠ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 10-14-91
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Charles H. Iripper mo.
10 31-7-3 commits a class D leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle Tast (Last A.O.O.)	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	1 22 72
There or birth (state or loreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
245 A. Vine, apt, 22, Plaged, Hudricha, In.	Same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce Annulment ☐ Date 4-29-91	Last Marriage Ended By: Death Divorce Annulment Date
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	
If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second coursin?
3. Are you now under the influence of an alcoholic beverage?	2 Are you can under the left was a few and a f
4. Are you now under the influence of a narcotic drug?	No La Yes L
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Sovert Herman Fills	6. (a) Full name of applicant's father Jerry Lee Ozeeves
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Cribbanacs	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Aancy Marie Flynn	(b) Full maiden name of applicant's mother Sin Da Koun Philpott
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-18-9/	I acknowledge that I have received information regarding dangerous communicable disease that are sexually "transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date 10-18-
The above applicant has objected to writing to	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs.
A SECOND PROPERTY OF THE PROPE	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana
County of HENDRICKS SS: 1 In this application is true and correct.	HFNDRICKS SS:
Signed / Myle for Tullow	Signed X Rarla S. Riceres in this application is true and correct
New Address 384 M. Carr RD. Plainfield	New Address
Subscribed and sworn to before me this 18th day of October, 19 91	Subscribed and sworn to before me this 18th day of October 19 91
Conne Town Clerk of the HENDRICKS Circuit Court	Connie Forward Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) HENDRICKS ss:
	County of HENDRICKS ss:
10 #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage flagge to the design of the second
County	Court by written ender insued to the above named parties, the
and filed in, authorize:	Court, by written order issued
, authorizes	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	1 (1 () 1 ()
authorizing the marriage of	Dayle Robert Fields HENDRICKS County, Indiana,
471U	. I further certify that the following marriage certificate was filed in
	. I further certify that the following marriage certificate was filed in my office: (name), certify that on11-2-91
7, 5	in Hendricks County Indiana
Dayle R. Fields of Hendricks	in Hendricks County, Indiana, County Indiana (state), and
of Hendricks Cour	Indiana (state) was a side
inder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated11-2-91
signed by: 15/ R. Fred Rockey	, Minister (official designation)
Filed and recorded in accordance with the laws of the State of Indiana	11-2-91 (Official designation)

HENDRICKS

County

568

Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No 🛪 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician Suchard 19. 3 long MO
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First + Middle Last	Name San Dra Middle Last Darres
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State 688 9, 625 E. Danville, Williams, John	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 89	Last Marriage Ended By: Death Divorce Annulment Date 2 - 86
Date of birth verified by: Birth Certificate Mother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Drupers oxcense	- To voya a xeers
Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No X
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ★ Yes ↓ Yes ↓	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. allison Dariel Barnes
Archolos Eugene Sotia, DretoRen Elaine	Ones nomas Danes
6. (a) Full name of applicant's father John Frank Batio, Sr.	6. (a) Full name of applicant's father James Toregh herle
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Charlotte Sparaine Bruce	(b) Full maiden name of applicant's mother Mady There Jipton
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (If deceased, so state) ### ### ############################
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	ANNOUN FRANCIS
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Asku Frank Batic Date 19/1991	immune deficiency syndrome). Amella from Branches 10-18-
Signature of Applicant Applicant Applicant Date 191991	Signature of Applicant State I
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
CHER OF COURT	
State of Indiana County of HENDRICKS SS: I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information giver County of HENDRICKS in this_application is true and correct
Signed X John Frank Battle	Signed X / Bendra Jupen Bernes
New Address 9693 Royal Sm Blainfield 46168	New Address Subscribed and sworn to before me this 18th day of October 19 91
Subscribed and sworp to before me this 18th day of October 19 91 Cornie Tourist Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of Control 19 Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID # Subscribed and sworn to before me this day of , 19
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworm to before the this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-18-91 , authorizing the marriage of _	John Frank Batic
and Sandra Lynn Barnes I. H. Thomas Pitcher	I further certify that the following marriage certificate was filed in my office (name), certify that on11-3-91
(date), atDanville - Bartlett Chapel	in Hendricks County, Indiana,
John F. Batic of Hendricks	County Indiana (state), and
Sandra L. Barnes of Hendricks Counter a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 10-18-91
Signed by: /s/ H. Thomas Pitcher	,
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	Signed Cornie Lawson Clerk
	HENDRICKS Circuit Court

Circuit Court

569

No. _

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	10-21-91 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 I If No, Medical Examination or Report Dated 10-4-91 Name of Physician Michael W. Bizgato, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name CARALE And Hunton Con
Date of Birth Month Day Year Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
5008 avon RO, Plainfield, Hendricks, In.	Some
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) Drivers Ricense
	The state of the s
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father David Dearge Montagomercy	6. (a) Full name of applicant's father alton or Huntsman
6. (a) Full name of applicant's father David Glarge Managements (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Office The State of State o
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Aurily Jan Woodward (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Churchis Those Suggest
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Thomas	Birthplace of mother (State or foreign country) Kentucky
I acknowledge that I have received information regarding dangerous communicable diseases 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 (0-2)-9/	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date 10-21-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS Signed X Carrie A Huntsman In-this application is true and correct
New Address Same V Subscribed and sworn to before me this 21st day of October, 19 91	Subscribed and sworn to before me this 2102 day of October , 19 91
Connie Sawson Clerk of the HENDRICKS Circuit Court	Connie Jawson Clerk of the HENDRICKS Circuit Cour
CONCENT OF PARENTS PARENT OF CURPOWN	CONSTITUTE DISTRICT DISTRICT DISTRICT
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) se
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	FatherID #ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
	A marriage license having been refused to the above named parties, the
and filed in	Court, by written order issued to the above named parties. res and directs the issuance of a marriage license to the above named parties.
, authoriz	os and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana,	
dated 10-21-91, authorizing the marriage of	David Alan Montgomery
	I further certify that the following marriage certificate was filed in my office.
I,Rev. Wilfred E. Day (date), atBrownsburg	(name), certify that on10-26-91 in Hendricks
David Alan Montgomery of Hendricks	County Indiana (state), and
Carrie Lea Huntsman of Hendricks Co	ounty Indiana (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ Rev. Wilford E. Day	
Signed by: /s/ Rev. Wilford E. Day	, Catholic Priest (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. No X Yes Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Thichael a. Piggato, MD. circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Griswals Hendricks In Previous Marital Status: Never Married OR No. of Previous Marriages Never Married Death Divorce _ Annulment Date Divorce Death Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No 🔲 Yes 🔲 If answer is "ves." has the adjudication been removed? Yes 🔲 Are you related to the female applicant closer than second cousi Yes 🔲 Are you related to the male applicant closer than second cousin? Yes 🔲 Are you now under the influence of an alcoholic beverage? No 🔯 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🔲 No A Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Full name of applicant's father Spoter & Souther Christian Dearose Bandall Wagoner Indiana Indiana Virginia Connies ann newli (b) Full maiden name of applicant's mother Inland be Boenhamp Indiana Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS October, 19 91 day of October, 19 91 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued ___ _ County _____ and filed in , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, Brian Scott Wagoner _____, authorizing the marriage of ___ and ___ Julia Ann Christian _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ 10-26-91 I, Chris J. Cole (date), at Faith Baptist Church - Avon Hendricks __ County, Indiana,_ _ County _ Indiana Brian S. Wagoner Hendricks _(state), and _ Marion County Indiana (state) were married by me as authorized Julia S. Christian _County, Indiana, dated ___10-26-91 under a marriage license that was issued by the Clerk of the Circuit Court of ____ Pastor Signed by: /s/ Chris J. Cole (official designation)

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

(date).

Circuit Court