

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. 255

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician T. Poe

MALE APPLICANT	
Name	First <u>Danny</u> Middle <u>L.</u> Last <u>Beck</u>
Date of Birth	Month <u>Oct</u> Day <u>19</u> Year <u>1964</u>
Place of Birth (State or foreign country)	<u>In</u>
Residence Address	Street or R.R. <u>21 S. W. Manor</u> City <u>Brownsburg</u> County <u>Ind</u> State <u>Ind</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>3-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. L. Jones</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Christopher, Brittany</u></p> <p>6. (a) Full name of applicant's father <u>Leo Beck</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Brownsburg, Ind.</u> Birthplace of father (State or foreign country) <u>Ind</u> (b) Full maiden name of applicant's mother <u>Sharon Gero</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Snapp, Ind.</u> Birthplace of mother (State or foreign country) <u>Ind</u></p>	

FEMALE APPLICANT	
Name	First <u>Barbara</u> Middle <u>Hall</u> Last <u>Hall</u>
Date of Birth	Month <u>July</u> Day <u>31</u> Year <u>1970</u>
Place of Birth (State or foreign country)	<u>New Zealand</u>
Residence Address	Street or R.R. <u>8635 N. 425 E</u> City <u>Brownsburg</u> County <u>Ind</u> State <u>Ind</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. L. Jones</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jackery</u></p> <p>6. (a) Full name of applicant's father <u>Gordon Hall</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Brownsburg, Ind.</u> Birthplace of father (State or foreign country) <u>New Zealand</u> (b) Full maiden name of applicant's mother <u>Andrea Jones</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Snapp</u> Birthplace of mother (State or foreign country) <u>Ind</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant Danny Beck Date \_\_\_\_\_

The 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 Barbara Hall Date \_\_\_\_\_

The above applicant has objected to verifying by 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 Danny Beck  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Barbara Hall  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-5-91, authorizing the marriage of Danny L. Beck and Barbara Hall. I further certify that the following marriage certificate was filed in my office: I, Janice S. Chilewski (name), certify that on 6-5-91 (date), at Danville in Indiana County, Indiana, Danny L. Beck of Hendricks County Indiana (state), and Barbara Hall of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-5-91. Signed by: /s/ Janice S. Chilewski Chief Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-7-91 (date).

Signed Connie Lawson Clerk  
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

No. 256

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	First <u>Todd</u> Middle <u>Alan</u> Last <u>Freeman</u>	Name	First <u>Judy</u> Middle <u>Ann</u> Last <u>Doane</u>
Date of Birth	Month <u>6</u> Day <u>16</u> Year <u>1964</u>	Date of Birth	Month <u>6</u> Day <u>11</u> Year <u>1965</u>
Place of Birth (State or foreign country)	<u>Indiana</u>	Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>10 Perry Way, Apt 28, Derry, New Hampshire 03838</u> City <u>Derry</u> County <u>New Hampshire</u> State <u>NH</u>	Residence Address	Street or R.R. <u>1536 N. 50 E. Darville, Hendricks, Indiana 46122</u> City <u>Darville</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>David Bayne Freeman</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Donna Doane</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father: <u>Orvel Eugene Doane</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>Deceased</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Anna Marie Wallace</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Todd Freeman</u> Date <u>6-6-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Judy A. Doane</u> Date <u>6-6-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Todd Freeman</u> New Address _____</p> <p>Subscribed and sworn to before me this <u>6</u> day of <u>June</u>, 19 <u>91</u> <u>Corrie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Judy A. Doane</u> New Address _____</p> <p>Subscribed and sworn to before me this <u>6</u> day of <u>June</u>, 19 <u>91</u> <u>Corrie</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> 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.</p>			
<p><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p> <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated _____, authorizing the marriage of _____ and _____.</p> <p>I, _____, further certify that the following marriage certificate was filed in my office: (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated _____ Signed by: _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).</p>			

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 257

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 ☐  
If No, Medical Examination or Report Dated 6-3-91  
Name of Physician Dr. R. W. Kirtley, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name: <u>Raymond Charles Ellis</u></p> <p>Date of Birth: <u>11</u> / <u>4</u> / <u>41</u></p> <p>Place of Birth (State or foreign country): <u>Wisconsin</u></p> <p>Residence Address: <u>953 Greenwood Dr. People, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages: <u>3</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date: <u>7-88</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>	<p>Name: <u>Tammy M. Branch</u></p> <p>Date of Birth: <u>7</u> / <u>21</u> / <u>69</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>R.R. 1 Box 26 Clayton, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages: <u>3</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date: _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Heather, Bradley, Derek, Kara Ellis</u></p> <p>6. (a) Full name of applicant's father: <u>Raymond Charles Fredrick Ellis</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>Deceased</u> Birthplace of father (State or foreign country): <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Elna Mae Weddington</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Ky.</u></p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Ronald Gary Branch</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Ky.</u> (b) Full maiden name of applicant's mother: <u>Jill Ann Kenze</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>N. Dakota</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Raymond Charles Ellis</u> Date: <u>6-05-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed: <u>Raymond Charles Ellis</u> New Address: <u>1160 S. County Rd. 375 E. Danville, In.</u> Subscribed and sworn to before me this <u>5th</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Tammy M. Branch</u> Date: <u>6-5-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed: <u>Tammy M. Branch</u> New Address: _____ Subscribed and sworn to before me this <u>5th</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p>	
<p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>6-5-91</u>, authorizing the marriage of <u>Raymond C. Ellis</u> and <u>Tammy M. Branch</u>. I further certify that the following marriage certificate was filed in my office: I, <u>Jeffrey V. Boles</u> (name), certify that on <u>6-24-91</u> (date), at <u>Danville</u> in <u>Hendricks</u> County, Indiana, <u>Raymond C. Ellis</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Tammy M. Branch</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>6-24-91</u>. Signed by: <u>/s/ Jeffrey V. Boles</u> Circuit Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>6-25-91</u> (date).</p>	
<p>Signed: <u>Connie Lawson</u> Clerk <u>HENDRICKS</u> Circuit Court</p>	



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. 258  
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 Larry Lovall

**MALE APPLICANT**

Name David P. Hensley  
Date of Birth 5/14/67  
Place of Birth (State or foreign country) Danville IN  
Residence Address 195 S. Rd 450 E. Danville IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Paul Eugene Hensley  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Joy Ann Cudworth  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

**FEMALE APPLICANT**

Name Kerry L. Rohrer  
Date of Birth 8/16/68  
Place of Birth (State or foreign country) Lafayette IN  
Residence Address 413 W. 5th St. Plainfield IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Charles Franklin Rohrer  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) Kentucky  
(b) Full maiden name of applicant's mother Joyce Ann Cole  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David Paul Hensley Date 6/6/91  
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
X Signed David Paul Hensley  
New Address 247 N Center St. Plainfield IN  
Subscribed and sworn to before me this 6 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Kerry Lee Rohrer Date 6/6/91  
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
X Signed Kerry Lee Rohrer  
New Address 247 N Center St. Plainfield, IN  
Subscribed and sworn to before me this 6 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-6-91, authorizing the marriage of David P. Hensley and Kerry L. Rohrer. I further certify that the following marriage certificate was filed in my office: Carl Akard Riley (name), certify that on 6-29-91 (date), at Plainfield in Hendricks County, Indiana, David P. Hensley of Hendricks County Indiana (state), and Kerry L. Rohrer of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ Carl Akard Riley, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 259  
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 <u>John D. Chisham</u>	Name <u>Sandra Lynn Trisler</u>	Name <u>Sandra Lynn Trisler</u>	Name <u>Sandra Lynn Trisler</u>
Date of Birth <u>Nov 27 1947</u>	Date of Birth <u>Mar 2 1972</u>	Date of Birth <u>Mar 2 1972</u>	Date of Birth <u>Mar 2 1972</u>
Place of Birth (State or foreign country) <u>Ind.</u>	Place of Birth (State or foreign country) <u>Ind.</u>	Place of Birth (State or foreign country) <u>Ind.</u>	Place of Birth (State or foreign country) <u>Ind.</u>
Residence Address <u>25 E. College Brownsburg</u>	Residence Address <u>14 Brae Ct Mooresville, Ind.</u>	Residence Address <u>14 Brae Ct Mooresville, Ind.</u>	Residence Address <u>14 Brae Ct Mooresville, Ind.</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Trisler</u>	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father <u>J. Russell Chisham</u> (If adopted, list adoptive parents only) <u>Dr. Columbus Dr.</u> Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u>	6. (a) Full name of applicant's father <u>Michael H. Trisler</u> (If adopted, list adoptive parents only) <u>Same</u> Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u>	6. (a) Full name of applicant's father <u>Michael H. Trisler</u> (If adopted, list adoptive parents only) <u>Same</u> Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u>	6. (a) Full name of applicant's father <u>Michael H. Trisler</u> (If adopted, list adoptive parents only) <u>Same</u> Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u>
(b) Full maiden name of applicant's mother <u>Pamela D. Abner</u> (If adopted, list adoptive parents only) <u>Brownsburg, Ind.</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>	(b) Full maiden name of applicant's mother <u>Linda K. Hildebrandt</u> (If adopted, list adoptive parents only) <u>Same</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>	(b) Full maiden name of applicant's mother <u>Linda K. Hildebrandt</u> (If adopted, list adoptive parents only) <u>Same</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>	(b) Full maiden name of applicant's mother <u>Linda K. Hildebrandt</u> (If adopted, list adoptive parents only) <u>Same</u> Residence of mother (if deceased, so state) <u>Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>John D Chisham</u> Date _____	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Sandra Lynn Trisler</u> Date _____	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Sandra Lynn Trisler</u> Date _____	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Sandra Lynn Trisler</u> Date _____
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date <u>6-6-91</u>	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>John D Chisham</u> New Address <u>102 N Mickle Port O Call</u> Subscribed and sworn to before me this <u>6th</u> day of <u>June</u> , 19 <u>91</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Sandra Lynn Trisler</u> New Address <u>102 N Mickle Port O Call</u> Subscribed and sworn to before me this <u>6th</u> day of <u>June</u> , 19 <u>91</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Sandra Lynn Trisler</u> New Address <u>102 N Mickle Port O Call</u> Subscribed and sworn to before me this <u>6th</u> day of <u>June</u> , 19 <u>91</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Sandra Lynn Trisler</u> New Address <u>102 N Mickle Port O Call</u> Subscribed and sworn to before me this <u>6th</u> day of <u>June</u> , 19 <u>91</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-6-91, authorizing the marriage of John Drew Chisham and Sandra Lynn Trisler. I further certify that the following marriage certificate was filed in my office: I, George Plasterer (name), certify that on 6-29-91 (date), at Plainfield in Hendricks County, Indiana, John Drew Chisham of Marion County Indiana (state), and Sandra Lynn Trisler of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ George Plasterer Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 260

File \_\_\_\_\_

6-07-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Wm. Edwards, M.D.

MALE APPLICANT	
Name	First <u>James</u> Middle <u>Warren</u> Last <u>Townsend</u>
Date of Birth	Month <u>7</u> Day <u>09</u> Year <u>1948</u>
Place of Birth (State or foreign country)	<u>Arizona</u>
Residence Address	Street or R.R. <u>303 Avon Ave.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1972</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Bob E. Terry</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Arizona</u> Birthplace of father (State or foreign country) <u>Oklahoma</u> (b) Full maiden name of applicant's mother: <u>Marta Rose Rive</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Arizona</u> Birthplace of mother (State or foreign country) <u>Arizona</u></p>	

FEMALE APPLICANT	
Name	First <u>Elise</u> Middle <u>Michele</u> Last <u>Clanton</u>
Date of Birth	Month <u>7</u> Day <u>19</u> Year <u>1960</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>303 Avon Ave.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1991</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Matthew D. Ashcraft 2 1/2 yrs.</u></p> <p>6. (a) Full name of applicant's father: <u>William Forrest Clanton</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Ellen Elizabeth Littlehale</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

**ACKNOWLEDGMENT**

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

Signature of Applicant Jim Townsend Date 6-7-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Jim Townsend in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 7 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**ACKNOWLEDGMENT**

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

Signature of Applicant Elise Michele Clanton Date 6-7-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Elise Michele Clanton in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 7 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91, authorizing the marriage of James Warren Townsend and Elise Michele Clanton. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 6-7-91 (date), at Danville in Hendricks County, Indiana, James Warren Townsend of Hendricks County Indiana (state), and Elise Michele Clanton of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-7-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 261

File

6-7-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐

If No, Medical Examination or Report Dated

Name of Physician David Dodg, M.D.

MALE APPLICANT	
Name	First <u>Mark</u> Middle <u>Allen</u> Last <u>Harrell</u>
Date of Birth	Month <u>9</u> Day <u>27</u> Year <u>1961</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>314 W. North St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Frank J. Harrell</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Mary N. Leamaster</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Karen</u> Middle <u>Sue</u> Last <u>Collins</u>
Date of Birth	Month <u>3</u> Day <u>1</u> Year <u>1972</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>314 W. North St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Amber Nicole Wallace 7 mos</u> <u>Amanda Sue Collins 2 yrs.</u></p>	
<p>6. (a) Full name of applicant's father <u>Clarence F. Collins</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Virginia</u></p> <p>(b) Full maiden name of applicant's mother <u>Karen Lee Nixby</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant X Mark Allen Harrell Date 6-7-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed X Mark Allen Harrell

New Address \_\_\_\_\_

Subscribed and sworn to before me this 7 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant X Karen Sue Collins Date 6-7-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed X Karen Sue Collins

New Address \_\_\_\_\_

Subscribed and sworn to before me this 7 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-9-91, authorizing the marriage of Mark Allen Harrell and Karen Sue Collins. I further certify that the following marriage certificate was filed in my office: I, David Carl Lueloff (name), certify that on 6-14-91 (date), at Good Shepherd Baptist Church in Morgan County, Indiana, Mark Allen Harrell of Hendricks County Indiana (state), and Karen Sue Collins of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_ Signed by: /s/ David C. Lueloff Assistant Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-19-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 265  
File 6-7-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Cynthia A. Wells

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Howard</u> First <u>Victor</u> Middle <u>Griffith</u> Last  Date of Birth <u>December</u> Month <u>28</u> Day <u>1966</u> Year  Place of Birth (State or foreign country) <u>Ohio</u>  Residence Address <u>RR1 Box 122 Rd 200W, Hixton, Hendricks, Ind</u>  Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____  Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____  Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>	<p>Name <u>Kathleen</u> First <u>Ann</u> Middle <u>Kelley</u> Last  Date of Birth <u>October</u> Month <u>7</u> Day <u>1971</u> Year  Place of Birth (State or foreign country) <u>Indiana</u>  Residence Address <u>3383 NCR 850W North Salem, Hendricks, Ind</u>  Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____  Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____  Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>  2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  5. List the full names of any dependent children. _____</p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>  2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  5. List the full names of any dependent children. _____</p>
<p>6. (a) Full name of applicant's father <u>Quincy Victor Griffith</u>  (If adopted, list adoptive parents only) _____  Residence of father (if deceased, so state) <u>Indiana</u>  Birthplace of father (State or foreign country) <u>Ohio</u>  (b) Full maiden name of applicant's mother <u>Margaret Ashton</u>  (If adopted, list adoptive parents only) _____  Residence of mother (if deceased, so state) <u>Indiana</u>  Birthplace of mother (State or foreign country) <u>Ohio</u></p>	<p>6. (a) Full name of applicant's father <u>Lawrence Earl Kelley</u>  (If adopted, list adoptive parents only) _____  Residence of father (if deceased, so state) <u>Indiana</u>  Birthplace of father (State or foreign country) <u>Indiana</u>  (b) Full maiden name of applicant's mother <u>Donna Marie Smith</u>  (If adopted, list adoptive parents only) _____  Residence of mother (if deceased, so state) <u>Indiana</u>  Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant <u>Howard V. Griffith</u> Date <u>6-7-91</u>  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court _____ Date _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: _____  Signed <u>Howard V. Griffith</u> in this application is true and correct.  New Address _____  Subscribed and sworn to before me this _____ day of _____, 19____  <u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant <u>Kathleen A. Kelley</u> Date <u>6-7-91</u>  The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court _____ Date _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: _____  Signed <u>Kathleen A. Kelley</u> in this application is true and correct.  New Address _____  Subscribed and sworn to before me this _____ day of _____, 19____  <u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: _____  Father _____ ID # _____  Mother _____ ID # _____  Subscribed and sworn to before me this _____ day of _____, 19____  _____  Clerk</p>	<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: _____  Father _____ ID # _____  Mother _____ ID # _____  Subscribed and sworn to before me this _____ day of _____, 19____  _____  Clerk</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p>	
<p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>6-7-91</u>, authorizing the marriage of <u>Howard Victor Griffith</u> and <u>Kathleen Ann Kelley</u>. I further certify that the following marriage certificate was filed in my office: I, <u>Robert C. Ellenberger</u> (name), certify that on <u>6-29-91</u> (date), at <u>New Brunswick</u> in <u>Boone</u> County, Indiana, <u>Howard V. Griffith</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Kathleen A. Kelley</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>6-7-91</u>. Signed by: <u>/s/ Robert C. Ellenberger</u> Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>7-2-91</u> (date).</p>	
<p>Signed <u>Connie Rawson</u> Clerk <u>HENDRICKS</u> Circuit Court</p>	



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. 263

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. David Waggard

MALE APPLICANT

Name First Rusty Middle Lee Last Stanley  
Date of Birth Month 6 Day 4 Year 68  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address Street or R.R. 4010 Indiana Road City Plainfield State In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

6. (a) Full name of applicant's father: Robert Horton Stanley  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Janice Day Rose  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Rusty Stanley Date 6/10/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Rusty Stanley  
New Address same  
Subscribed and sworn to before me this 10<sup>th</sup> day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name First Lisa Middle Kay Last Pryor  
Date of Birth Month 5 Day 22 Year 64  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address Street or R.R. 4010 Indiana Road City Plainfield State In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

6. (a) Full name of applicant's father: Lowell Allen Pryor  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indpls. In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Jerry Lou Snyder  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) St. Petersburg, FL.  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Lisa K Pryor Date 6-10-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Lisa K Pryor  
New Address same  
Subscribed and sworn to before me this 10<sup>th</sup> day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-10-91, authorizing the marriage of Rusty Lee Stanley and Lisa Kay Pryor. I further certify that the following marriage certificate was filed in my office: I, Rev. Jerry Rairdon (name), certify that on 6-15-91 (date), at Plainfield in Hendricks County, Indiana, Rusty Lee Stanley of Hendricks County Indiana (state), and Lisa Kay Pryor of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-15-91. Signed by: /s/ Rev. Jerry Rairdon Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-19-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 264

File \_\_\_\_\_

6-7-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Ronte Joseph Med. Assoc.

## MALE APPLICANT

Name Scott Edward Johnson  
Date of Birth 4 5 66  
Place of Birth (State or foreign country) IN  
Residence Address R.R. 1 Box 255-55 Pittsboro IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Jerry Lee Johnson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Pittsboro IN  
Birthplace of father (State or foreign country) IL  
(b) Full maiden name of applicant's mother Sandra Kay Madison  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Pittsboro IN  
Birthplace of mother (State or foreign country) IN

## FEMALE APPLICANT

Name Cynthia Medjeski  
Date of Birth 11 2 66  
Place of Birth (State or foreign country) IN  
Residence Address 8875 N. SR 267 B'burg IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father John Frank Medjeski  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indpls. IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Rosemarie Bazvoda  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indpls. IN  
Birthplace of mother (State or foreign country) IL

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Scott E. Johnson Date 6/7/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Scott E. Johnson in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Cynthia Medjeski Date 6-7-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Cynthia Medjeski in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91, authorizing the marriage of Scott Edward Johnson and Cynthia Medjeski. I further certify that the following marriage certificate was filed in my office: I, Rev. Kenneth Taylor (name), certify that on 7-29-91 (date), at Indianapolis in Marion County, Indiana, Scott Edward Johnson of Hendricks County Indiana (state), and Cynthia Medjeski of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91. Signed by: /s/ Rev. Kenneth Taylor, Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 265

File \_\_\_\_\_

6-7-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Burg Med. Center

MALE APPLICANT	
Name	First <u>Kent</u> Middle <u>Wesley</u> Last <u>Carlisle</u>
Date of Birth	Month <u>8</u> Day <u>3</u> Year <u>54</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. _____ City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-88</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>Donald Wesley Carlisle</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls. IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Doris Victoria Inhoff</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls. IN</u> Birthplace of mother (State or foreign country) <u>IN</u>	

FEMALE APPLICANT	
Name	First <u>Laura</u> Middle <u>Ann</u> Last <u>Rector</u>
Date of Birth	Month <u>9</u> Day <u>9</u> Year <u>58</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. _____ City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u> <u>Hendricks Co.</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>82</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>Donald Eugene Westerhaus</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls. IN</u> Birthplace of father (State or foreign country) <u>MD</u> (b) Full maiden name of applicant's mother <u>Patricia Kay Walsh</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls. IN</u> Birthplace of mother (State or foreign country) <u>IN</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Kent W. Carlisle</u> Date <u>6/7/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	) ss: I swear/affirm that the information given
County of <u>HENDRICKS</u>	in this application is true and correct.
Signed	<u>X Kent W. Carlisle</u>
New Address	_____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Laura A. Rector</u> Date <u>6/7/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	) ss: I swear/affirm that the information given
County of <u>HENDRICKS</u>	in this application is true and correct.
Signed	<u>X Laura A. Rector</u>
New Address	_____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk of the	<u>HENDRICKS</u> Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91, authorizing the marriage of Kent Westley Carlisle and Laura Ann Rector. I further certify that the following marriage certificate was filed in my office: I, G. Max Rettig (name), certify that on 6-15-91 (date), at Indianapolis in Hendricks County, Indiana, Kent Westley Carlisle of Hendricks County Indiana (state), and Laura Ann Rector of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-15-91. Signed by: /s/ G. Max Rettig Judge Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-8-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 266

File

6-7-91  
Date of Application

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

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

## MALE APPLICANT

Name David Richard Pennington  
Date of Birth 12 1 68  
Place of Birth (State or foreign country) IL  
Residence Address 517 Dunn St. Pfd. City Pfd. County Pfd. State Pfd.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

- (a) Full name of applicant's father Donald Lee Pennington  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Pfd IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Linda Lou Thomas  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Pfd IN  
Birthplace of mother (State or foreign country) IL

## ACKNOWLEDGMENT

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

Signature of Applicant David R. Pennington Date 6-7-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed David R. Pennington  
New Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

## FEMALE APPLICANT

Name Denise Gaye Lowe  
Date of Birth 8 19 66  
Place of Birth (State or foreign country) IN  
Residence Address 3117 S. Center St. Pfd. City Pfd. County Pfd. State Pfd.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

- (a) Full name of applicant's father Max Warren Lowe  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Pfd IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Carol Jayne Woolf  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Pfd IN  
Birthplace of mother (State or foreign country) IN

## ACKNOWLEDGMENT

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

Signature of Applicant Denise J. Lowe Date 6-7-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Denise J. Lowe  
New Address 226 Wabash St. Pfd 46168

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91, authorizing the marriage of David Richard Pennington and Denise Gaye Lowe. I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-29-91 in Hendricks County, Indiana, David Richard Pennington of Hendricks County, Indiana, (state), and Denise Gaye Lowe of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-7-91. Signed by: /s/ Rev. John C. Parsley, Baptist Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
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

No. 267

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-4-91  
Name of Physician Dr. Joseph Thompson

MALE APPLICANT

Name Anthony First Wayne Middle Wilson Last  
Date of Birth February Month 2 Day 1956 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 11929 W. Rockwell Rd. St. 21, Indpls, Hendricks, Ind  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce Xmas  
Jason Michael 11 yrs  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children.  
6. (a) Full name of applicant's father James Heland Wilson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Pauline Elizabeth Truman  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Lori First Lynn Middle Martin Last  
Date of Birth January Month 4 Day 1966 Year  
Place of Birth (State or foreign country) Louisiana  
Residence Address 1810 N. Auburn St. Indpls, Marion Ind  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce Xmas  
Laina Marie 7 yrs  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children.  
6. (a) Full name of applicant's father Paul Allen Saucier  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Louisiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Barbara Jo Cleveland  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Washington  
Birthplace of mother (State or foreign country) Maryland

ACKNOWLEDGMENT

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

Signature of Applicant Anthony Wayne Wilson Date 6-10-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Anthony Wayne Wilson  
New Address 1810 N. Auburn St. Indpls, Ind.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

ACKNOWLEDGMENT

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

Signature of Applicant Lori Lynn Martin Date 6-10-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Lori Lynn Martin  
New Address Same

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 6-10-91, authorizing the marriage of Anthony W. Wilson

and Lori L. Martin. I further certify that the following marriage certificate was filed in my office:

I, Paul T. Brenton (name), certify that on 6-11-91

(date), at Danville in Hendricks County, Indiana,

Anthony W. Wilson of Hendricks County Indiana (state), and Lori L. Martin of Hendricks County Indiana (state) were married by me as authorized

under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 6-11-91

Signed by: /s/ Paul T. Brenton, Judge Pro Tem (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 6-12-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 268  
File \_\_\_\_\_  
Date of Application 6-10-91

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 5-18-91  
Name of Physician Dr. B. J. McFadden, M.D.

**MALE APPLICANT**

Name Harvey First J. Middle Whitaker Last  
Date of Birth 8 Month 17 Day 59 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 9 N. Shiloh Rd. Indianapolis, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_  
6. (a) Full name of applicant's father E. U. Whitaker  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Helen Rose Kennedy  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Ind.

**FEMALE APPLICANT**

Name Kelly First J. Middle Gibbons Last  
Date of Birth 10 Month 28 Day 62 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 1198 Dan Jones Rd. Bedford, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) State I.D. card  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_  
6. (a) Full name of applicant's father Wendell Gibbons  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Arney Thompson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 6-10-91

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

State of Indiana )  
County of HENDRICKS ) ss: [Signature]  
Signed [Signature] in this application is true and correct.  
New Address 1198 Dan Jones Rd.  
Subscribed and sworn to before me this 10th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 6-10-91

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

State of Indiana )  
County of HENDRICKS ) ss: [Signature]  
Signed [Signature] in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 10th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-10-91, authorizing the marriage of Harvey Joe Whitaker and Kelly Jeanne Gibbons. I further certify that the following marriage certificate was filed in my office: (name), certify that on 6-29-91 (date), at Indianapolis in Marion County, Indiana, Harvey Joe Whitaker of Hendricks County Indiana (state), and Kelly Jeanne Gibbons of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-10-91. Signed by: /s/ Gerald Adamson Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 269

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-4-91  
Name of Physician Robert D. Ailes, MD

MALE APPLICANT	
Name	First <u>Mark</u> Middle <u>William</u> Last <u>Johnson</u>
Date of Birth	Month <u>7</u> Day <u>31</u> Year <u>60</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>3401 Timberwood</u> City <u>Reed</u> County <u>Hendricks</u> State <u>In</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children.
6.	(a) Full name of applicant's father <u>Marvin William Johnson</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Iowa</u> (b) Full maiden name of applicant's mother <u>Helen E. Smith</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Tenn.</u>

FEMALE APPLICANT	
Name	First <u>Anne</u> Middle <u>M.</u> Last <u>Guyder</u>
Date of Birth	Month <u>11</u> Day <u>22</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1060 Delwood Dr.</u> City <u>Mooreville</u> County <u>Morgan</u> State <u>In</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children.
6.	(a) Full name of applicant's father <u>John Charles Guyder</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>New York</u> (b) Full maiden name of applicant's mother <u>Edith Marie Norton</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

ACKNOWLEDGMENT

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

Signature of Applicant X Mark W. Johnson Date 6/10/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that 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. Guyder Date 6/10/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed X Mark W. Johnson  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 10th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed X Anne M. Guyder  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 10th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-10-91, authorizing the marriage of Mark W. Johnson and Anne M. Guyder. I further certify that the following marriage certificate was filed in my office: I, Allen K. Kirk (name), certify that on 6-29-91 (date), at Mooreville in Morgan County, Indiana, Mark W. Johnson of Hendricks County Indiana (state), and Anne M. Guyder of Morgan County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ Allen D. Kirk Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 270

File

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 6-7-91  
Name of Physician Dr. Clark

**MALE APPLICANT**

Name First Randy Middle K Last Watson  
Date of Birth Month 12 Day 13 Year 60  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 413 S. Kentucky, Danville, Hendricks, IN  
City Danville County Hendricks State IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-87  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Emory Eugene Watson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Loris Ann Brenner  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Carla Middle S Last Wyatt  
Date of Birth Month 6 Day 19 Year 66  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. Same  
City Danville County Hendricks State IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Hayden Bennett, Jr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Phyllis Carol Barnhart  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Randy K. Watson Date 6-11-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Randy K. Watson  
New Address Same  
Subscribed and sworn to before me this 11th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Carla S. Wyatt Date 6-11-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Carla S. Wyatt  
New Address Same  
Subscribed and sworn to before me this 11th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-11-91, authorizing the marriage of Randy K. Watson and Carla S. Wyatt. I further certify that the following marriage certificate was filed in my office: I, Janice S. Chileski (name), certify that on 6-14-91 (date), at Danville in Hendricks County, Indiana, Randy K. Watson of Hendricks County Indiana (state), and Carla S. Wyatt 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 6-14-91. Signed by: /s/ Janice S. Chileski Chief Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-14-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 271

File

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	
Name	First <u>Michael</u> Middle <u>Clark</u> Last <u>Scott</u>
Date of Birth	Month <u>November</u> Day <u>9</u> Year <u>1945</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>3577 Heritage Drive</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Omer Clark Scott</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Francis Evelyn Carlson</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Claudia</u> Middle <u>Jo</u> Last <u>Stinnett</u>
Date of Birth	Month <u>October</u> Day <u>3</u> Year <u>1945</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>3577 Heritage Drive</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Clude Cassin Cayton</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	_____
(b) Full maiden name of applicant's mother	<u>Josephine Storginall Widmer</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Michael P. Scott Date 6-11-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Michael P. Scott  
New Address Same  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Claudia Jo Stinnett Date 6-11-91

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

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-11-91, authorizing the marriage of Michael Clark Scott and Claudia Jo Stinnett. I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on 6-22-91 (date), at Danville in Hendricks County, Indiana, Michael Clark Scott of Hendricks County Indiana (state), and Claudia Jo Stinnett 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 6-24-91.  
Signed by: /s/ John P. Roof Episcopal Priest (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 6-24-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 272HENDRICKS 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 6-3-91  
Name of Physician Dr. Philip Batista, M.D.

MALE APPLICANT	
Name	First <u>Robert</u> Middle <u>E.</u> Last <u>Honig</u>
Date of Birth	Month <u>12</u> Day <u>17</u> Year <u>62</u>
Place of Birth (State or foreign country)	<u>Minn.</u>
Residence Address	Street or R.R. <u>712 Berkeley Rd.</u> City <u>West Lafayette</u> County <u>Tippecanoe</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Jürgen M. Honig</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Germany</u>
(b) Full maiden name of applicant's mother	<u>Hertude D. Honig</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Minn.</u>

FEMALE APPLICANT	
Name	First <u>Machelle</u> Middle <u>K.</u> Last <u>Moore</u>
Date of Birth	Month <u>1</u> Day <u>16</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>18 Burns Dr.</u> City <u>Brownburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Malcolm B. Moore</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Kay F. Herring</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 6-11-91

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

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS in this application is true and correct.  
Signed [Signature]  
New Address 18 Burns Dr. - Brownburg  
Subscribed and sworn to before me this 11th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 6-11-91

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

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS in this application is true and correct.  
Signed [Signature]  
New Address Same  
Subscribed and sworn to before me this 11th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-11-91, authorizing the marriage of Robert E. Honig and Machelle K. Moore. I further certify that the following marriage certificate was filed in my office: Dr. Donald R. Durrett (name), certify that on 7-13-91 (date), at Indianapolis in Marion County, Indiana, Robert E. Honig of Tippecanoe County Indiana (state), and Machelle K. Moore of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-11-91. Signed by: Dr. D.R. Durrett, Minister (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-16-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 273

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-4-91  
Name of Physician Dr. Birdach, M.D.

MALE APPLICANT	
Name	First <u>Tracy</u> Middle <u>L.</u> Last <u>Crum</u>
Date of Birth	Month <u>4</u> Day <u>30</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 116</u> City <u>US 40, Stilesville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Delmas D. Crum</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Maudie Elaine Shaw</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Kathryn</u> Middle <u>J.</u> Last <u>Hoerst</u>
Date of Birth	Month <u>6</u> Day <u>29</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>230 Residence</u> City <u>Parker City</u> County <u>Randolph</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Paul Charles Hoerst</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Jane Stiversen</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant X [Signature] Date 6-12-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X [Signature] in this application is true and correct.  
New Address P.O. Box 116 Stilesville, In 46180

Subscribed and sworn to before me this 12th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant X [Signature] Date 6-12-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X [Signature] in this application is true and correct.  
New Address Same

Subscribed and sworn to before me this 12th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-12-91, authorizing the marriage of Tracy Lee Crum and Kathryn Joan Hoerst. I further certify that the following marriage certificate was filed in my office: I, Carl Q. Baker (name), certify that on 7-20-91 (date), at Parker City in Randolph County, Indiana, Tracy Lee Crum of Hendricks County Randolph (state), and Kathryn Joan Hoerst of Randolph County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Carl Q. Baker Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-23-91 (date).

Signed Connie Lawson Clerk  
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

No. 274  
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 ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Loret

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>James Eugene Hanna</u></p> <p>Date of Birth <u>4</u> <u>20</u> <u>1946</u></p> <p>Place of Birth (State or foreign country) <u>Argentina</u></p> <p>Residence Address <u>404 Magnolia St., Plainfield, Hendricks, Indiana</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1983</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>	<p>Name <u>Mary Christine Schlachet</u></p> <p>Date of Birth <u>8</u> <u>08</u> <u>1951</u></p> <p>Place of Birth (State or foreign country) <u>Massachusetts</u></p> <p>Residence Address <u>404 Magnolia St., Plainfield, Hendricks, Indiana</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1988</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jason S. Schlachet</u> <u>Thomas A. Schlachet</u></p>
<p>6. (a) Full name of applicant's father <u>Clyde James Hanna</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Ohio</u></p> <p>(b) Full maiden name of applicant's mother <u>Catherine Parker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Virginia</u> Birthplace of mother (State or foreign country) <u>England</u></p>	<p>6. (a) Full name of applicant's father <u>Christian M. McClure</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Francine (Nani) Taylor</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Illinois</u></p>
<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X</u> <u>James Hanna</u> Date <u>6-13-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X</u> <u>Mary C. Schlachet</u> Date <u>6-13-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>
<p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>X</u> <u>James Hanna</u></p> <p>New Address _____</p> <p>Subscribed and sworn to before me this <u>13</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>X</u> <u>Mary C. Schlachet</u></p> <p>New Address _____</p> <p>Subscribed and sworn to before me this <u>13</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-13-91, authorizing the marriage of James Eugene Hanna and Mary Christine Schlachet. I further certify that the following marriage certificate was filed in my office: I, Frederick M. Busby (name), certify that on 6-22-91 (date), at Anderson in Madison County, Indiana, James Eugene Hanna of Hendricks County Indiana (state), and Mary Christine Schlachet of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-22-91. Signed by: /s/ Frederick M. Busby, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 275

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

MALE APPLICANT

Name Michael Dean Oda  
Date of Birth 9 21 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address 31 Lincoln Ave., Brownsburg, Hendricks, Indiana 46112  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

FEMALE APPLICANT

Name Dorothy Ruth Skinner  
Date of Birth 12 27 1960  
Place of Birth (State or foreign country) Indiana  
Residence Address 31 Lincoln Ave., Brownsburg, Hendricks, Indiana 46112  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant x Michael Dean Oda Date 6-13-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed x Michael Dean Oda  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant x Dorothy Ruth Skinner Date 6-13-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed x Dorothy Ruth Skinner  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-13-91, authorizing the marriage of Michael Dean Oda and Dorothy Ruth Skinner. I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Curry (name), certify that on 6-22-91 (date), at Brownsburg in Hendricks County, Indiana, Michael Dean Oda of Hendricks County Indiana (state), and Dorothy Ruth Skinner of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-22-91. Signed by: /s/ Rev. George W. Curry Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-5-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 276

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 5-9-91  
Name of Physician Dr. Douglas Wiles, MD

MALE APPLICANT	
Name	First <u>Timothy</u> Middle <u>A.</u> Last <u>Whicker</u>
Date of Birth	Month <u>2</u> Day <u>17</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>3431 Bunker St.</u> City <u>St. Wayne</u> County <u>Allen</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>David Allen Whicker</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Suzanne Rutledge</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Bonnita</u> Middle <u>K.</u> Last <u>Masten</u>
Date of Birth	Month <u>10</u> Day <u>12</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>670 E. Wale St.</u> City <u>Ellettsville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Ronald Dale Masten</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Bonnie Pearl Sparks</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Timothy A. Whicker Date 6/13/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Timothy A. Whicker  
New Address Same  
Subscribed and sworn to before me this 13th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Bonnita K. Masten Date 6-13-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Bonnita K. Masten  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-13-91, 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 (name), certify that on 6-15-91 (date), at Danville in Hendricks County, Indiana, Timothy A. Whicker of Allen County Indiana (state), and Bonnita K. Masten of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-15-91. Signed by: /s/ Howard Cupp Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-20-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 277

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-13-91  
Name of Physician Dr. Mark W. Wiant, M.D.

## MALE APPLICANT

Name First Middle Last  
Gerald F. Gowan  
Date of Birth Month Day Year  
3 5 31  
Place of Birth (State or foreign country) New York  
Residence Address Street or R.R. City County State  
4829 Royal Iron Way, Bedford, Hendricks, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father: Goran W. Gowan  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Hulda Heaton  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Gerald F. Gowan Date 6-13-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Gerald F. Gowan  
New Address Same  
Subscribed and sworn to before me this 13th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## FEMALE APPLICANT

Name First Middle Last  
Carrol A. Brackman  
Date of Birth Month Day Year  
7 21 47  
Place of Birth (State or foreign country) W. Va.  
Residence Address Street or R.R. City County State  
3227 Eugene Dr. Indpls, Marion, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-86  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father: John L. Daniels  
(If adopted, list adoptive parents only)  
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: Helen M. Spradling  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) W. Va.  
Birthplace of mother (State or foreign country) W. Va.

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Carrol A. Brackman Date 6-13-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Carrol A. Brackman  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-13-91, authorizing the marriage of Gerald F. Gowan and Carrol A. Brackman. I further certify that the following marriage certificate was filed in my office: I, R. Fred Rodkey (name), certify that on 6-14-91 (date), at 9:00 PM in Hendricks County, Indiana, Gerald F. Gowan of Hendricks County Indiana (state), and Carrol A. Brackman 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 6-13-91. Signed by: /s/ R. Fred Rodkey, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-21-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 278

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-11-91  
Name of Physician Dr. Terri Brown, M.D.

MALE APPLICANT				
Name	First	Middle	Last	
	James	G.	LaFord	
Date of Birth	Month	Day	Year	
	5	26	40	
Place of Birth (State or foreign country)	Michigan			
Residence Address	Street or R.R.	City	County	State
	6513 W. 200 North	Greenfield	Hancock	IN
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 2			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/>	Date 85
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Jason A. LaFord, Shatanya S. LaFord</p> <p>6. (a) Full name of applicant's father Paul LaFord (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Deceased Birthplace of father (State or foreign country) Ontario, Canada (b) Full maiden name of applicant's mother Margaret Wice (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Michigan Birthplace of mother (State or foreign country) Michigan</p>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	Corrina	A.	Daudy	
Date of Birth	Month	Day	Year	
	6	3	66	
Place of Birth (State or foreign country)	Indiana			
Residence Address	Street or R.R.	City	County	State
	2452 E. of Lanterns Rd.	Traylor	Hendricks	IN
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 1			
Last Marriage Ended By:	Death <input checked="" type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date 7-85
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Amanda Marie Daudy, Rebecca Lynn Daudy</p> <p>6. (a) Full name of applicant's father Leo Ray Mosteller (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Rebecca Ann Melton (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana</p>				

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant James G. LaFord Date 6-13-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed James G. LaFord  
New Address Same  
Subscribed and sworn to before me this 13th day of June, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Corrina A. Daudy Date 6-13-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Corrina A. Daudy  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13th day of June, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-13-91, authorizing the marriage of James G. LaFord and Corrina A. Daudy. I further certify that the following marriage certificate was filed in my office: I, Gregory Robert Butchart (name), certify that on 6-15-91 in Marion County, Indiana, James G. LaFord of Hancock County Indiana (state), and Corrina A. Daudy of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-15-91. Signed by: /s/ Greg Butchart, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-1-91 (date).

Signed Connie Lawson Clerk  
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

No. 279  
File 6-1591  
Date of Application

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

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Steven Anthony Haley</u></p> <p>Date of Birth <u>2</u> / <u>10</u> / <u>1965</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>501 N-1000 E., Brownsburg, Hendricks, Indiana</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>	<p>Name <u>Karla Ann Lovins</u></p> <p>Date of Birth <u>6</u> / <u>27</u> / <u>1965</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>24 Walnut Dr., Brownsburg, Hendricks, Indiana</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>
<p>6. (a) Full name of applicant's father <u>Richard A. Haley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Judith Ann Polich</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>6. (a) Full name of applicant's father <u>William Lovins</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Dorothy Ann Wellington</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>[Signature]</u> Date <u>6-13-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ Date _____</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>[Signature]</u> in this application is true and correct. New Address _____</p> <p>Subscribed and sworn to before me this <u>13</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>[Signature]</u> Date <u>6-13-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. _____ Date _____</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>[Signature]</u> in this application is true and correct. New Address _____</p> <p>Subscribed and sworn to before me this <u>13</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p style="text-align: center;"><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p> <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>6-13-91</u>, authorizing the marriage of <u>Steven A. Haley</u> and <u>Karla A. Lovins</u>. I further certify that the following marriage certificate was filed in my office: I, <u>Father Charles Sean Chesebrough</u> (name), certify that on <u>6-25-91</u> (date), at <u>Danville</u> in <u>Hendricks</u> County, Indiana, <u>Steven A. Haley</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Karla A. Lovins</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>6-22-91</u>. Signed by: <u>/s/ Father C.S. Chesebrough</u>, Pastor (official designation). Filed and recorded in accordance with the laws of the State of Indiana on <u>6-25-91</u> (date).</p> <p style="text-align: right;">Signed <u>Connie Lawson</u> Clerk <u>HENDRICKS</u> Circuit Court</p>	



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. 280  
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 ☐ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Eric Clark, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name <u>John Henry Todd</u>	Name <u>Rebecca Ruth Hinshaw</u>	Date of Birth <u>9/29/1959</u>	Date of Birth <u>5/6/1966</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Residence Address <u>P.O. Box 68, Clayton, Hendricks, Indiana 4618</u>	Residence Address <u>P.O. Box 68, Clayton, Hendricks, Indiana 4618</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1990</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father <u>Carl Todd</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u>	6. (a) Full name of applicant's father <u>Herbert Hinshaw</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>	(b) Full maiden name of applicant's mother <u>Vada Maxwell</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	(b) Full maiden name of applicant's mother <u>Junita Burnett</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>John Todd</u> Date <u>6-13-91</u>		ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Rebecca Hinshaw</u> Date <u>6-13-91</u>	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____		The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>John Todd</u> New Address _____ Subscribed and sworn to before me this <u>13</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court		State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Rebecca Hinshaw</u> New Address _____ Subscribed and sworn to before me this <u>13</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk		CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-13-91, authorizing the marriage of John Henry Todd and Rebecca Ruth Hinshaw. I further certify that the following marriage certificate was filed in my office: 6-22-91  
I, S.V. Stiles (name), certify that on \_\_\_\_\_ (date), at Danville in Hendricks County, Indiana, John Henry Todd of Hendricks County Indiana (state), and Rebecca Ruth Hinshaw 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 6-13-91.  
Signed by: /s/ S. V. Stiles Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91 (date).

Signed Connie Lawson Clerk  
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

No. 281

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 Waived by Judge Boles

MALE APPLICANT	
Name	First <u>Kurt</u> Middle <u>alan</u> Last <u>Young</u>
Date of Birth	Month <u>6</u> Day <u>17</u> Year <u>49</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>8 Birchfield Lane</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-83</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Sarah Katherine Young</u> <u>Matthew Raymond Young</u></p> <p>6. (a) Full name of applicant's father <u>Keith Jefferson Young</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Jillie Marie Cauffman</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Marjorie</u> Middle <u>Ann</u> Last <u>McCarthy</u>
Date of Birth	Month <u>4</u> Day <u>16</u> Year <u>49</u>
Place of Birth (State or foreign country)	<u>Ohio</u>
Residence Address	Street or R.R. <u>8 Birchfield Lane</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-84</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Merrick F. McCarthy</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Michigan</u> Birthplace of father (State or foreign country) <u>Ohio</u> (b) Full maiden name of applicant's mother <u>Virginia B. Butz</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Michigan</u> Birthplace of mother (State or foreign country) <u>Ohio</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant Kurt A. Young Date 6/14/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Kurt A. Young in this application is true and correct.  
New Address Danville  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Marjorie A. McCarthy Date 6-14-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Marjorie A. McCarthy in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-8-91, authorizing the marriage of Kurt A. Young and Marjorie Ann McCarthy. I further certify that the following marriage certificate was filed in my office: I, Ronald F. Griffin (name), certify that on 6-29-91 (date), at Westfield in Hamilton County, Indiana, (state), and Kurt Alan Young of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ Ronald F. Griffin, Judge Pro Tem (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-8-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 2820

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 Philip B. Bostick

**MALE APPLICANT**

Name John William Jones  
Date of Birth Aug 16 1959  
Place of Birth (State or foreign country) Ind.  
Residence Address 1134 Steep Hollow Clatsop, KS  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. L. L. L. L.

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

6. (a) Full name of applicant's father George Wm Jones  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Wopps, KS  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Julia Reuter  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) Ind.

**FEMALE APPLICANT**

Name Stephanie L. Nelson  
Date of Birth June 29 1964  
Place of Birth (State or foreign country) Ind.  
Residence Address 60 Green Hills Dr. Brownsburg  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. L. L. L. L.

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

6. (a) Full name of applicant's father Philip C. Nelson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Same  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Ray Sheets  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) Ind.

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X [Signature] Date June 14, 91

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

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Stephanie L. Nelson Date June 14, 1991

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X [Signature]  
New Address 1134 Steep Hollow Clatsop, KS 66062  
Subscribed and sworn to before me this 14 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Stephanie L. Nelson  
New Address 1134 Steep Hollow Clatsop, KS 66062  
Subscribed and sworn to before me this 14 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-14-91, authorizing the marriage of John William Jones and Stephanie L. Nelson. I further certify that the following marriage certificate was filed in my office: I, Larry L. Bellville (name), certify that on 7-6-91 (date), at Brownsburg in Hendricks County, Indiana, John William Jones of Johnson County Kansas (state), and Stephanie L. Nelson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-6-91. Signed by: /s/ Larry L. Bellville Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 283  
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 Dr. Amira

MALE APPLICANT	
Name	First <u>Donald</u> Middle <u>Curtis</u> Last <u>Brown</u>
Date of Birth	Month <u>4</u> Day <u>12</u> Year <u>1958</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>41 Suburban Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Herbert Brown</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Clifton J. Sparks</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

FEMALE APPLICANT	
Name	First <u>Betsy</u> Middle <u>Ann</u> Last <u>Walters</u>
Date of Birth	Month <u>4</u> Day <u>25</u> Year <u>1957</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>41 Suburban Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1989</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Brandon Walters 5</u></p> <p>6. (a) Full name of applicant's father: <u>Erwin Flaherty</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Betty Parks</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Illinois</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Donald Curtis Brown</u> Date <u>6-14-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) ss: I swear/affirm that the information given	
County of <u>HENDRICKS</u>	in this application is true and correct.
Signed <u>X Donald Curtis Brown</u>	
New Address _____	
Subscribed and sworn to before me this <u>14</u> day of <u>June</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Betsy A. Walters</u> Date <u>6-14-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) ss: I swear/affirm that the information given	
County of <u>HENDRICKS</u>	in this application is true and correct.
Signed <u>X Betsy A. Walters</u>	
New Address _____	
Subscribed and sworn to before me this <u>14</u> day of <u>June</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>6-14-91</u> , authorizing the marriage of <u>Donald Curtis Brown</u> and <u>Betsy Ann Walters</u> .	
I, <u>Clifton Courtney, Jr.</u> (name), certify that on <u>7-3-91</u> (date), at <u>Danville</u> in <u>Hendricks</u> County, Indiana, <u>Donald Curtis Brown</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Betsy Ann Walters</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>7-3-91</u> .	
Signed by: <u>/s/ Clifton Courtney, Jr.</u> Minister (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on <u>7-12-91</u> (date).	

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 284File 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 Beth A. Norman, M.D.

MALE APPLICANT	
Name	First <u>Mike</u> Middle <u>Allen</u> Last <u>Smith</u>
Date of Birth	Month <u>6</u> Day <u>1</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>45110 Elmhurst Ct.</u> City <u>Utica</u> County <u>Macomb</u> State <u>MI</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Doyle D. Smith</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indy.</u>
(b) Full maiden name of applicant's mother	<u>Carol E. Holmes</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Amy</u> Middle <u>B.</u> Last <u>Carr</u>
Date of Birth	Month <u>3</u> Day <u>1</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1724 Birch Dr. S.</u> City <u>Reddell</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Wallace L. Carr</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Illinois</u>
(b) Full maiden name of applicant's mother	<u>Loris V. Petticrew</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Illinois</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Mike A. Smith Date 6-14-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Mike A. Smith in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Amy B. Carr Date 6-14-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Amy B. Carr in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-14-91, authorizing the marriage of Mike Allen Smith and Amy B. Carr. I further certify that the following marriage certificate was filed in my office:  
I, Rev. Richard Zore (name), certify that on \_\_\_\_\_ in Hendricks County, Indiana, \_\_\_\_\_  
(date), at Plainfield County Michigan (state), and \_\_\_\_\_  
Mike Allen Smith of Macomb County Indiana (state) were married by me as authorized  
Amy B. Carr of Hendricks County Indiana (state) under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-14-91  
Signed by: /s/ Rev. Richard Zore, Roman Catholic Priest (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 7-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 285  
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 5-20-91  
Name of Physician Dr. Wm. Edwards

## MALE APPLICANT

Name First Brian Middle A. Last Holsclaw  
Date of Birth Month 2 Day 28 Year 64  
Place of Birth (State or foreign country) Ky.  
Residence Address Street or R.R. City County State  
2501 Soldiers Hm. Rd. SE, W. Lafayette, Tipp, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father James W. Holsclaw  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ky.  
(b) Full maiden name of applicant's mother Wilma DeVore  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Ky.

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Brian Holsclaw Date 6-14-91

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

State of Indiana \_\_\_\_\_ I swear/affirm that the information given  
County of HENDRICKS ss: \_\_\_\_\_ in this application is true and correct.  
Signed X Brian Holsclaw  
New Address Same  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

## FEMALE APPLICANT

Name First Sharla Middle S. Last Day  
Date of Birth Month 3 Day 8 Year 68  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
7825 Quail Ridge N. Plainfield, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father Dale B. Day  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Donna J. Ogles  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Sharla S. Day Date 6-14-91

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

State of Indiana \_\_\_\_\_ I swear/affirm that the information given  
County of HENDRICKS ss: \_\_\_\_\_ in this application is true and correct.  
Signed X Sharla S. Day  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-14-91, authorizing the marriage of Brian Anthony Holsclaw and Sharla Sue Day. I further certify that the following marriage certificate was filed in my office: I, George Plasterer (name), certify that on 6-22-91 (date), at Plainfield in Indiana County, Indiana, Brian A. Holsclaw of Tippecanoe County Indiana (state), and Sharla Sue Day 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. Signed by: /s/ George Plasterer Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 286

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 6-14-91  
Name of Physician Dr. Westberry

**MALE APPLICANT**

Name First Charles Middle N. Last Blake  
Date of Birth Month 7 Day 21 Year 69  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 2221 Lake of Lantern Dr. City Indigo County Hendricks State IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Charles W. Blake  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Virginia L. Willman  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Stacey Middle A. Last Land  
Date of Birth Month 12 Day 29 Year 68  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. Same City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father James Monroe Land  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Oklahoma  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mary Ann Grier  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Charles N. Blake Date 6-14-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Charles N. Blake  
New Address Same  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Stacey A. Land Date 6-14-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Stacey Ann Land  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-14-91, authorizing the marriage of Charles N. Blake and Stacey A. Land. I further certify that the following marriage certificate was filed in my office: (date), at Indianapolis in Marion County, Indiana, Charles N. Blake of Hendricks County Indiana (state), and Stacey A. Land of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-22-91. Signed by: /s/ Rev. James D. Clayton, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 287

File

June 14, 1991  
Date of Application

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

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

## MALE APPLICANT

Name Heath Andrew Pollard  
Date of Birth Oct 15 1971  
Place of Birth (State or foreign country) Ind. Co  
Residence Address 1117 E. 100th Danville, Ind.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Military Id

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

- (a) Full name of applicant's father: Heath Andrew Pollard  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) North Salem, Ind.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Mary Louise Walker  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Danville, Ind.  
Birthplace of mother (State or foreign country) Hend. Co. Ind.

## ACKNOWLEDGMENT

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

Signature of Applicant Heath Pollard Date 6-14-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Heath Pollard in this application is true and correct.

New Address Same  
Subscribed and sworn to before me this 14 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

## FEMALE APPLICANT

Name Kimberly Hope Kreighbaum  
Date of Birth Feb. 27 1969  
Place of Birth (State or foreign country) Ind. Co  
Residence Address Crawfordsville, Ind.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Armed Forces

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

- (a) Full name of applicant's father: Gary Estep  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Crawfordsville, Ind.  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother: Jillie Lynn Kreighbaum  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Crawfordsville, Ind.  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant Kimberly Kreighbaum Date 6-14-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Kimberly Kreighbaum in this application is true and correct.

New Address 715 W. Pike St. Crawfordsville, Ind.  
Subscribed and sworn to before me this 14 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-14-91, authorizing the marriage of Heath Andrew Pollard and Kimberly Hope Kreighbaum. I further certify that the following marriage certificate was filed in my office: I, Roger L. Stroup (name), certify that on 6-18-91 (date), at Danville in Hendricks County, Indiana, Heath Andrew Pollard of Hendricks County Indiana (state), and Kimberly Hope Kreighbaum of Montgomery 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 6-18-91. Signed by: /s/ Roger L. Stroup Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-18-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 288

File 6-17-91  
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 6-10-91  
Name of Physician Daniel Wickert

**MALE APPLICANT**

Name Ralph Arnold Pritchard, Jr.  
Date of Birth 3 16 59  
Place of Birth (State or foreign country) Hillsdale, In.  
Residence Address 11315 W. Washington, Lat 12, Indpls. In 46231  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Ralph A. Pritchard, Sr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Rockville, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Margaret Elizabeth Sirestone  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Rockville, In.  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Pamela Lynn Deck  
Date of Birth 11 26 56  
Place of Birth (State or foreign country) Lafayette, In.  
Residence Address 11315 W. Washington, Lat 12, Indpls. In 46231  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children. David Merchant 15 yrs  
Re Candide Merchant 14 yrs  
11 yrs John Lane 9 yrs Kristal Starr Deck 3 yrs.  
(a) Full name of applicant's father Paul Arlen Irton Peterson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Alabama  
Full maiden name of applicant's mother Betty Frances Bengel  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

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

Signature of Applicant Ralph A. Pritchard, Jr. Date 6-17-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Ralph A. Pritchard, Jr.  
New Address same  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

**ACKNOWLEDGMENT**

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

Signature of Applicant Pamela Deck Date 6-17-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Pamela Deck  
New Address same  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-17-91, authorizing the marriage of Ralph Arnold Pritchard, Jr. and Pamela Lynn Deck. I further certify that the following marriage certificate was filed in my office: Cynthia J. Spence (name), certify that on 6-25-91 (date), at Danville in Hendricks County, Indiana, Ralph Arnold Pritchard, Jr. of Indiana (state), and 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. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-25-91 (date).

Signed Connie Lawson Clerk  
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

No. 289

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 Dr. J. Milleda, M.D.

MALE APPLICANT	
Name	First <u>Roger</u> Middle <u>D.</u> Last <u>Hamil</u>
Date of Birth	Month <u>6</u> Day <u>9</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>622 apt C Lakeside Dr. Bedford, Hendricks, In</u> City <u>Bedford</u> County <u>Hendricks</u> State <u>In</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-18-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Alicia D. Hamil</u>, <u>Natasha D. Hamil</u></p> <p>6. (a) Full name of applicant's father <u>Willie D. Hamil</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Helen A. Poe</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Christina</u> Middle <u>L.</u> Last <u>Sutherland</u>
Date of Birth	Month <u>3</u> Day <u>4</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u>Bedford</u> County <u>Hendricks</u> State <u>In</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Grant A. Sutherland</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Catherine L. Otwell</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Roger D. Hamil Date 6/14/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Roger D. Hamil  
Signed X Roger D. Hamil  
New Address Same  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Christina L. Sutherland Date 6/14/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Christina L. Sutherland  
Signed X Christina L. Sutherland  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 6-14-91, authorizing the marriage of Roger D. Hamil and Christina L. Sutherland. I further certify that the following marriage certificate was filed in my office: \_\_\_\_\_ (name), certify that on 6-27-91 I, Donald Endsley (date), at Moore'sville in Hendricks County, Indiana, \_\_\_\_\_ (state), and \_\_\_\_\_ (state), and \_\_\_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 6-21-91.  
Signed by: /s/ Donald Endsley Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 6-27-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 290

File 6-18-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-7-91  
Name of Physician Billy Joenell, MD.

**MALE APPLICANT**

Name First Dennis Middle L. Last Mahan  
Date of Birth Month 3 Day 30 Year 49  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 25 Weil Dr. Brownsburg, Hendricks, IN City Brownsburg County Hendricks State IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

6. (a) Full name of applicant's father L. H. Mahan  
(If adopted, list adoptive parents only) —  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Glendon Culbertson  
(If adopted, list adoptive parents only) —  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Tanya Middle L. Last Dickinson  
Date of Birth Month 7 Day 19 Year 65  
Place of Birth (State or foreign country) Arizona  
Residence Address Street or R.R. Same City — County — State —  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages —  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date —  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

6. (a) Full name of applicant's father George James Dickinson  
(If adopted, list adoptive parents only) —  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Beth Ann Grant  
(If adopted, list adoptive parents only) —  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Ohio

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X O Mahan Date 6-18-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X O Mahan  
New Address Same  
Subscribed and sworn to before me this 18th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Tanya L Dickinson Date 6-18-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Tanya L Dickinson  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 18th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-18-91, authorizing the marriage of Dennis L. Mahan and Tanya L. Dickinson. I further certify that the following marriage certificate was filed in my office: I, Rev. Lloyd D. Baugues (name), certify that on 6-30-91 (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 under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-30-91. Signed by: /s/ Rev. Lloyd D. Baugues Elder (official designation) 7-8-91 (date). Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
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

No. 291  
File 6-18-91  
Date of Application

HENDRICKS County

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated 6-18-91  
Name of Physician Rebecca Haak

**MALE APPLICANT**

Name Bryan Matthew Fultz  
Date of Birth 4 22 91  
Place of Birth (State or foreign country) Danville, In.  
Residence Address 6415 N 550 E Brownsburg, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

- Full name of applicant's father Gavin Gareth Merle Fultz  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Brownsburg, In  
Birthplace of father (State or foreign country) Indiana
- Full maiden name of applicant's mother Lyla Louise Rice  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Brownsburg, In  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Deana Louise Anderson  
Date of Birth 1 6 71  
Place of Birth (State or foreign country) Clifton Springs, N.Y.  
Residence Address 2023 Valley Brook Dr., Indpls 46229  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
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? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- Full name of applicant's father Dana Kimer Anderson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indpls, In.  
Birthplace of father (State or foreign country) N.Y.
- Full maiden name of applicant's mother Daphne Beth Goodman  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indpls. In.  
Birthplace of mother (State or foreign country) New York

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Bryan M. Fultz Date 6-18-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Bryan M. Fultz  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 18th day of June, 19 91  
Connie Lawen Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Deana J. Anderson Date 6-18-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Deana J. Anderson  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 18th day of June, 19 91  
Connie Lawen Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-18-91, authorizing the marriage of Bryan Matthew Fultz and Deana Louise Anderson. I further certify that the following marriage certificate was filed in my office: I, Rev. David D. Thaxton (name), certify that on 7-5-91 (date), at Bethesda Baptist - Brownsburg in Hendricks County, Indiana, Bryan Matthew Fultz of Hendricks County Indiana (state), and Deana Louise Anderson 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 7-5-91. Signed by: /s/ Rev. David D. Thaxton Preacher (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-20-91 (date).

Signed Connie Lawen Clerk  
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

No. 292  
File \_\_\_\_\_  
Date of Application 6-18-91

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Molly G. Dean, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Randall</u> Middle <u>Keith</u> Last <u>Starnes</u>	Name	First <u>Debra</u> Middle <u>Ann</u> Last <u>Molino</u>
Date of Birth	Month <u>3</u> Day <u>18</u> Year <u>1958</u>	Date of Birth	Month <u>9</u> Day <u>12</u> Year <u>1956</u>
Place of Birth (State or foreign country)	<u>Indiana</u>	Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>880 Casterburg Rd.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Indiana</u>	Residence Address	Street or R.R. <u>880 Casterburg Rd.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>John R. Starnes</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Lola Langdon</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father <u>Daniel J. Molino</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Michigan</u> Birthplace of father (State or foreign country) <u>Michigan</u></p> <p>(b) Full maiden name of applicant's mother <u>Jean M. Riley</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Michigan</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Randall Keith Starnes</u> Date <u>6-18-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Randall Keith Starnes</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>18</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Debra Ann Molino</u> Date <u>6-18-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Debra Ann Molino</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>18</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-18-91, authorizing the marriage of Randall Keith Starnes and Debra 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 (date), at Danville in Hendricks County, Indiana, Randall Keith Starnes of Hendricks County Indiana (state), and Debra Ann Molino of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Ted A. Miller Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-23-91 (date).

Signed Connie Lawson Clerk  
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

No. 293

HENDRICKS County

File 6-19-91

Date of Application

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

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

**MALE APPLICANT**

Name Stephen Albert Hutte  
Date of Birth 4 3 71  
Place of Birth (State or foreign country) Indiana  
Residence Address 5540 Lander Lane, Danville, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father: Ernest C. Hutte  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Diane A. Dolson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Lisa Gail Brown  
Date of Birth 7 3 71  
Place of Birth (State or foreign country) Indiana  
Residence Address 2254 Dan Jones Rd, Ellettsville, Hendricks, Indiana  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father: James W. Brown  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Tennessee  
(b) Full maiden name of applicant's mother: Diane Harberson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Stephen A. Hutte 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Stephen A. Hutte  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Lisa G. Brown 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Lisa G. Brown  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-19-91, authorizing the marriage of Stephen Albert Hutte and Lisa Gail Brown. I further certify that the following marriage certificate was filed in my office: I, Rev. Rudolph G. Lee (name), certify that on 7-6-91 (date), at Bridgeport in Marion County, Indiana, Stephen Albert Hutte of Hendricks County Indiana (state), and Lisa Gail Brown of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-19-91. Signed by: /s/ Rev. Rudolph G. Lee Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-16-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 294  
File 6-19-91  
Date of Application

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

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

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Charles R. Smith, Jr.</u></p> <p>Date of Birth <u>Month 7 Day 30 Year 57</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>801 Kings Mill Rd. 104 Greenwood Johnson, IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-82</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Charles R. Smith, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Michigan</u></p> <p>(b) Full maiden name of applicant's mother <u>Bonnie R. Baker</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>Name <u>Michelle M. Coleman</u></p> <p>Date of Birth <u>Month 12 Day 14 Year 57</u></p> <p>Place of Birth (State or foreign country) <u>Michigan</u></p> <p>Residence Address <u>1225 Raymond St. 84018, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>12-89</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Siffany L. Klee</u></p> <p>6. (a) Full name of applicant's father <u>David Williams</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Michigan</u></p> <p>(b) Full maiden name of applicant's mother <u>Patricia Boyd</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Michigan</u></p>
<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Charles R. Smith, Jr.</u> Date <u>6-19-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Charles R. Smith, Jr.</u> New Address _____ Subscribed and sworn to before me this <u>19th</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Michelle Coleman</u> Date <u>6/19/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Michelle Coleman</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>19</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;"><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	<p style="text-align: center;"><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-19-91, authorizing the marriage of Charles Robert Smith, Jr. and Michelle M. Coleman. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 6-19-91 (date), at Danville in Hendricks County, Indiana, Charles R. Smith, Jr. of Johnson County Indiana (state), and Michelle M. Coleman 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 6-19-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-19-91 (date).

Signed Connie Lawson Clerk  
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

No. 295

File 6-19-91

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 6-29-91  
Name of Physician C.W. ?

MALE APPLICANT

Name Joseph A. Poteet  
Date of Birth 2 16 67  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. 1 Box 159 Clayton, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

- (a) Full name of applicant's father Marvin J. Poteet  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Donna M. Otter  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Joe A. Poteet 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Joe A. Poteet  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name Lori M. Parvin  
Date of Birth 1 21 69  
Place of Birth (State or foreign country) Indiana  
Residence Address 1732 Beech Dr. S. Oopelo, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

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

- (a) Full name of applicant's father Larry M. Parvin  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Judith K. Beynmar  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Lori M. Parvin  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-19-91, authorizing the marriage of Joseph A. Poteet and Lori M. Parvin. I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-27-91 in Hendricks County, Indiana, (date), at Grace Bible Church in Indiana County, Indiana, (state), and Joseph A. Poteet of Hendricks County Indiana (state), and Lori M. Parvin 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 7-27-91. 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).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 296

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 ☐ Yes ☐  
If No, Medical Examination or Report Dated 6-13-91  
Name of Physician Robert Namell, M.D.

## MALE APPLICANT

Name First Middle Last John Robert Brunner, Jr.  
Date of Birth Month Day Year 5 18 64  
Place of Birth (State or foreign country) Lebanon, In.  
Residence Address Street or R.R. City County State 10003 Lake of Lanteros Dr. Indpls 46234  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 46234  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

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

- (a) Full name of applicant's father John Robert Brunner  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Brownsburg In  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Stephanie Ann Perkins  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Brownsburg, In.  
Birthplace of mother (State or foreign country) Indiana

## FEMALE APPLICANT

Name First Middle Last Wendi Jo Niccolini  
Date of Birth Month Day Year 3 6 64  
Place of Birth (State or foreign country) Clearfield, Pa.  
Residence Address Street or R.R. City County State 10003 Lake of Lanteros Dr. Indpls 46234  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 46234  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

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

- (a) Full name of applicant's father John Russ  
(If adopted, list adoptive parents only) Gilbert Baron  
Residence of father (if deceased, so state) Anderson In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Nancy Kay Mayer  
(If adopted, list adoptive parents only) Anderson  
Residence of mother (if deceased, so state)  
Birthplace of mother (State or foreign country) Pa.

## ACKNOWLEDGMENT

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

Signature of Applicant John R. Brunner Date 6-20-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS \_\_\_\_\_  
Signed John R. Brunner  
New Address SAME

Subscribed and sworn to before me this 20th day of June, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS \_\_\_\_\_ ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

## ACKNOWLEDGMENT

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

Signature of Applicant Wendi Niccolini Date 6-20-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS \_\_\_\_\_  
Signed Wendi Niccolini  
New Address SAME

Subscribed and sworn to before me this 20th day of June, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS \_\_\_\_\_ ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-20-91, authorizing the marriage of John Robert Brunner, Jr. and Wendi Jo Niccolini. I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-10-91 (date), at Anderson in Madison County, Indiana, John Robert Brunner, Jr. of Hendricks County Indiana (state), and Wendi Jo Niccolini of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-6-91 Signed by: /s/ 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 Clerk  
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

No. 297

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 ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Shull

MALE APPLICANT	
Name	First <u>Bradley</u> Middle <u>Wayne</u> Last <u>Piersall</u>
Date of Birth	Month <u>11</u> Day <u>19</u> Year <u>1967</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>450 1st Avenue S.E., Carmel, Hamilton, Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Paul J. Piersall</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Illinois</u> (b) Full maiden name of applicant's mother <u>Eileen May Morrison</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Wisconsin</u></p>	

FEMALE APPLICANT	
Name	First <u>Denise</u> Middle <u>Lynn</u> Last <u>Brunes</u>
Date of Birth	Month <u>4</u> Day <u>5</u> Year <u>1972</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>R.R. 1, Box 267, Pittsboro, Hendricks, Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Charles M. Brunis</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Shirley Ann Farris</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Bradley Piersall Date 6-20-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Bradley Piersall  
New Address 408 N. Green St., Brownsville, IN 46112  
Subscribed and sworn to before me this 20 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Denise L. Brunis Date 6-20-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Denise L. Brunis  
New Address 408 N. Green St., Brownsville, IN 46112  
Subscribed and sworn to before me this 20 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-20-91, authorizing the marriage of Bradley Wayne Piersall and Denise Lynn Brunis. I further certify that the following marriage certificate was filed in my office: I, Rev. George Purnell (name), certify that on 7-6-91 (date), at Pittsboro in Hendricks County, Indiana, Bradley Wayne Piersall of Hamilton County Indiana (state), and Denise Lynn Brunis of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-6-91. Signed by: /s/ George Purnell Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 298

File

6-21-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated 5-31-91  
Name of Physician Robert P. Cyndiatello, M.D.

## MALE APPLICANT

Name First Middle Last  
Chris Conrad Walters  
Date of Birth Month Day Year  
8 19 59  
Place of Birth (State or foreign country)  
Muncie, In.  
Residence Address Street or R.R. City County State  
11832 Austin Dr. Indpls In 46234  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

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

- (a) Full name of applicant's father Larry Joe Walters  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Middletown In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Kathryn Ann Han  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) No. Vernon In.  
Birthplace of mother (State or foreign country) Indiana

## FEMALE APPLICANT

Name First Middle Last  
Rebecca Sue Brown  
Date of Birth Month Day Year  
6 21 68  
Place of Birth (State or foreign country)  
Franklin In.  
Residence Address Street or R.R. City County State  
11832 Austin Dr. Indianapolis In 46234  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

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

- (a) Full name of applicant's father Robert Donald Brown  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Franklin In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Margaret Sue Schmitt  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Franklin In.  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant Chris C. Walters Date 6/21/91

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

Clerk of Court Date

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

Signed Chris C. Walters  
New Address 5446

Subscribed and sworn to before me this 21st day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #  
Mother ID #

Subscribed and sworn to before me this day of 19  
Clerk

## ACKNOWLEDGMENT

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

Signature of Applicant Rebecca S. Brown Date 6-21-91

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

Clerk of Court Date

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

Signed Rebecca S. Brown  
New Address same

Subscribed and sworn to before me this 21st day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #  
Mother ID #

Subscribed and sworn to before me this day of 19  
Clerk

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91, authorizing the marriage of Chris Conrad Walters and Rebecca Sue Brown. I further certify that the following marriage certificate was filed in my office: (name), certify that on 7-6-91 in Hendricks County, Indiana, (state), and (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91. Signed by: /s/ Richard D. Proctor, Pastor (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 299

File

6-21-91  
Date of Application

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

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

MALE APPLICANT	
Name	First <u>Stephen</u> Middle <u>Lynn</u> Last <u>Close</u>
Date of Birth	Month <u>10</u> Day <u>06</u> Year <u>1960</u>
Place of Birth (State or foreign country)	<u>Kentucky</u>
Residence Address	Street or R.R. <u>23 Paradise Rd., Brownsville, Hendricks, Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1988</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Bearville R. Close</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Kentucky</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Cynthia J. Philborn</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Victoria</u> Middle <u>Lynn</u> Last <u>Blevins</u>
Date of Birth	Month <u>7</u> Day <u>11</u> Year <u>1970</u>
Place of Birth (State or foreign country)	<u>Ohio</u>
Residence Address	Street or R.R. <u>4361 Wedgewood Ct., Indianapolis, Marion, Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Donald L. Blevins</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Jacqueline R. Davis</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ohio</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant Stephen L. Close Date 6-21-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Stephen L. Close in this application is true and correct.  
New Address 3081 Coast Dr., Indianapolis, IN 46214  
Subscribed and sworn to before me this 21 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Victoria L. Blevins Date 6-21-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Victoria L. Blevins in this application is true and correct.  
New Address 3081 Coast Dr., Indianapolis, IN 46214  
Subscribed and sworn to before me this 21 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I 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, authorizing the marriage of Stephen Lynn Close and Victoria Lynn Blevins. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 6-21-91 (date), at Danville in Hendricks County, Indiana, Stephen Lynn Close of Hendricks County Indiana (state), and Victoria Lynn Blevins of Marion County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-21-91 (date).

Signed Connie Lawson Clerk  
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

No. 300

File 6-21-91

Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Mark H. Lygost

**MALE APPLICANT**

Name Roger Lee Stroup  
Date of Birth 10 13 59  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 160 1/2 W Broadway Danville, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

- (a) Full name of applicant's father Leo Stroup  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Danville, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Margaret Helen Fitzwater  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Danville, In.  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Laura Diane Daily  
Date of Birth 10 5 71  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 13 Hawthorne Ct. Danville, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

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

- (a) Full name of applicant's father William Earl Daily  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Danville, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Rebecca Jane Ellis  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Danville, In.  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Roger L. Stroup Date 6-21-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Roger L. Stroup in this application is true and correct.  
New Address SAME  
Subscribed and sworn to before me this 21<sup>st</sup> day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Laura Daily Date 6-21-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Laura Daily in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 21 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91, authorizing the marriage of Roger Lee Stroup and Laura Diane Daily. I further certify that the following marriage certificate was filed in my office: I, Gary Linton (name), certify that on 7-6-91 (date), at Danville in Hendricks County, Indiana, Roger Lee Stroup of Hendricks County Indiana (state), and Laura Diane Daily of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-6-91. Signed by: /s/ Gary S. Linton Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 301  
File 6-21-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated 6-7-91  
Name of Physician Robert Howell, M.D.

MALE APPLICANT	
Name	<u>William Brewster Caraker</u>
Date of Birth	Month <u>9</u> Day <u>29</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Aransaspass, Tx.</u>
Residence Address	<u>40 N Green St Apt 14 Brownsburg, Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father: <u>Winston Brewster Caraker</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ingleside, Tx.</u> Birthplace of father (State or foreign country) <u>N. Jersey</u> (b) Full maiden name of applicant's mother: <u>Peggy Nell Powers</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Patt Charlotte, Ill.</u> Birthplace of mother (State or foreign country) <u>Texas</u>	

FEMALE APPLICANT	
Name	<u>Deanna June Taylor</u>
Date of Birth	Month <u>8</u> Day <u>14</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Martinsville, Ind.</u>
Residence Address	<u>40 N Green St Apt 14 Brownsburg, Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father: <u>Eugene Ray Taylor</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ingleside, Tx.</u> Birthplace of father (State or foreign country) <u>Alabama</u> (b) Full maiden name of applicant's mother: <u>Karen Elaine Draper</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Ingleside, Tx.</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>William Caraker</u> Date <u>6-21-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>William Caraker</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>21<sup>st</sup></u> day of <u>June</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Deanna Taylor</u> Date <u>6-21-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Deanna Taylor</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>21<sup>st</sup></u> day of <u>June</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>6-21-91</u> , authorizing the marriage of <u>William Brewster Caraker</u> and <u>Deanna June Taylor</u> .	
I, <u>L. Dee Van Wagner</u> , further certify that the following marriage certificate was filed in my office: (name), certify that on <u>6-22-91</u>	
(date), at <u>Brownsburg</u> in <u>Hendricks</u> County, Indiana,	
<u>William Brewster Caraker</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and	
<u>Deanna June Taylor</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>6-21-91</u>	
Signed by: <u>/s/ L. Dee Van Wagner</u> Minister (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on <u>7-8-91</u> (date).	

Signed Connie Lawson Clerk  
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

No. 302  
File 6-21-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-10-89  
Name of Physician Dr. Pete Voss, M.D.

MALE APPLICANT	
Name	First <u>Danny</u> Middle <u>M.</u> Last <u>Gatlin</u>
Date of Birth	Month <u>3</u> Day <u>7</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>316 S. Green St.</u> City <u>Brownsville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children. <u>Danielle Denise Gatlin</u>
6.	(a) Full name of applicant's father <u>James A. Gatlin</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Donna L. Moneymaker</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Jennifer</u> Middle <u>L.</u> Last <u>May</u>
Date of Birth	Month <u>6</u> Day <u>4</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u></u> County <u></u> State <u></u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children. <u>Danielle Denise Gatlin, Ashlee May (Wilson)</u>
6.	(a) Full name of applicant's father <u>Paul H. May</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Susan K. Martinville</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

ACKNOWLEDGMENT

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

Signature of Applicant Danny M. Gatlin Date 6-21-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Danny M. Gatlin in this application is true and correct.  
New Address Same

Subscribed and sworn to before me this 21st day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Jennifer L. May Date 6-21-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Jennifer L. May in this application is true and correct.  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 21st day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I 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, authorizing the marriage of Danny M. Gatlin and Jennifer L. May. I further certify that the following marriage certificate was filed in my office: I, David L. Johnson (name), certify that on Marion (date), at Clermont in Marion County, Indiana, Danny M. Gatlin of Hendricks County Indiana (state), and Jennifer L. May of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ David L. Johnson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 303

File

6-21-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐

If No, Medical Examination or Report Dated

Name of Physician Dr. Thomas Brist

MALE APPLICANT		FEMALE APPLICANT	
Name	Phillip G. Brown	Name	Suzanne E. Barnett
Date of Birth	3/29/1949	Date of Birth	12/29/1950
Place of Birth (State or foreign country)	Indiana	Place of Birth (State or foreign country)	Ohio
Residence Address	136 N. Tennessee, Danville, Hendricks, Indiana	Residence Address	136 N. Tennessee, Danville, Hendricks, Indiana
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages	3	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages	1
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date	5-1985	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date	12-1981
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify)	Driver's License	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)	
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Phillip G. Brown II 19</p> <p>6. (a) Full name of applicant's father: Wendell C. Brown (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Indiana (b) Full maiden name of applicant's mother: Linda L. Miller (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Deceased Birthplace of mother (State or foreign country): Indiana</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Atlanta Barnett 20 Vaughn Barnett 18</p> <p>6. (a) Full name of applicant's father: Roy G. Herrmann (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Deceased Birthplace of father (State or foreign country): Iowa (b) Full maiden name of applicant's mother: Elaine R. Wegert (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Florida Birthplace of mother (State or foreign country): Illinois</p>	
<p><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: Phillip G. Brown Date: 6-21-91</p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed: Phillip G. Brown</p> <p>New Address: _____</p> <p>Subscribed and sworn to before me this 21 day of June, 19 91</p> <p>Connie Lawson Clerk of the HENDRICKS Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: Suzanne E. Barnett Date: 6-21-91</p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed: Suzanne E. Barnett</p> <p>New Address: _____</p> <p>Subscribed and sworn to before me this 21 day of June, 19 91</p> <p>Connie Lawson Clerk of the HENDRICKS Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: _____</p> <p>Father: _____ ID # _____</p> <p>Mother: _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: _____</p> <p>Father: _____ ID # _____</p> <p>Mother: _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p>	

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91, authorizing the marriage of Phillip G. Brown and Suzanne E. Barnett. I further certify that the following marriage certificate was filed in my office: I, Janice S. Chilewski (name), certify that on 6-21-91 (date), at Danville in Hendricks County, Indiana, Phillip G. Brown of Hendricks County Indiana (state), and Suzanne E. Barnett of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91. Signed by: /s/ Janice S. Chilewski Chief Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-21-91 (date).

Signed: Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 304File 6-21-91

Date of Application

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

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

MALE APPLICANT	
Name	First <u>William</u> Middle <u>James</u> Last <u>Bignotti</u>
Date of Birth	Month <u>2</u> Day <u>27</u> Year <u>1956</u>
Place of Birth (State or foreign country)	<u>California</u>
Residence Address	Street or R.R. <u>5880 Vessey Rd.</u> City <u>Colorado Springs</u> County <u>Black Forest</u> State <u>Colorado</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>George A. Bignotti</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Nebraska</u> Birthplace of father (State or foreign country) <u>California</u></p> <p>(b) Full maiden name of applicant's mother <u>Carol L. Schoning</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>California</u> Birthplace of mother (State or foreign country) <u>California</u></p>	

FEMALE APPLICANT	
Name	First <u>Joni</u> Middle <u>Lynnette</u> Last <u>Boals</u>
Date of Birth	Month <u>9</u> Day <u>17</u> Year <u>1968</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>8528 Hughes Road</u> City <u>North Salem</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Richard W. Boals</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Nancy E. Stout</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant William Bignotti Date 6-21-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed William J. Bignotti in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 21 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Joni L. Boals Date 6-21-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Joni L. Boals in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 21 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91, authorizing the marriage of William James Bignotti and Joni Lynnette Boals. I further certify that the following marriage certificate was filed in my office: I, Father Charles Sean Chesebrough (name), certify that on 6-29-91 (date), at Mary Queen of Peace in Hendricks County, Indiana, William James Bignotti of Black Forrest County Colorado (state), and Joni L. Boals of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ Father C. S. Chesebrough, Pastor Mary Queen (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-2-91 of Peace (date).

Signed Connie Lawson Clerk  
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

No. 305

File

6-21-91

Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Philip Batista, M.D.

MALE APPLICANT	
Name	First <u>Brett</u> Middle <u>Allen</u> Last <u>Meunier</u>
Date of Birth	Month <u>10</u> Day <u>31</u> Year <u>1967</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1136 Whitcomb Ave, Apt 8</u> City <u>Indianapolis, In</u> County <u>46212</u> State <u>46212</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Bernard D. Meunier  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sharon K. Pite  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Brett Meunier</u> Date <u>6-21-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date _____
State of Indiana	) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: _____ in this application is true and correct.
Signed	<u>X Brett Meunier</u>
New Address	_____
Subscribed and sworn to before me this	<u>21</u> day of <u>June</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

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

FEMALE APPLICANT	
Name	First <u>Carrie</u> Middle <u>Virginia</u> Last <u>Calhoun</u>
Date of Birth	Month <u>11</u> Day <u>10</u> Year <u>1971</u>
Place of Birth (State or foreign country)	<u>Florida</u>
Residence Address	Street or R.R. <u>6405 E. U.S. Route 36</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Arnold L. Calhoun  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mary V. Brown  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Alabama

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Carrie Calhoun</u> Date <u>6-21-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date _____
State of Indiana	) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: _____ in this application is true and correct.
Signed	<u>X Carrie Calhoun</u>
New Address	<u>1136 Whitcomb Ave, Apt 8, Indianapolis, In 46212</u>
Subscribed and sworn to before me this	<u>21</u> day of <u>June</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I 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, authorizing the marriage of Brett Allen Meunier and Carrie Virginia Calhoun. I further certify that the following marriage certificate was filed in my office: I, James A. Jones (name), certify that on 6-29-91 (date), at Brownsburg in Hendricks County, Indiana, Brett Allen Meunier of Marion County Indiana (state), and Carrie Virginia Calhoun of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ James A. Jones Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 306

File 6-21-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated 5-21-91  
Name of Physician Dr. Alcker Kleckner

MALE APPLICANT	
Name	Sean G. Gibbs
Date of Birth	9/10/67
Place of Birth (State or foreign country)	Indianapolis, In.
Residence Address	4557 Glen Arm Dr Apt 299 Indpls In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. 6. (a) Full name of applicant's father: Ronald Eugene Gibbs (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Deceased Birthplace of father (State or foreign country): Indiana (b) Full maiden name of applicant's mother: Patricia Gail Wright (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Florida Birthplace of mother (State or foreign country): Indiana	

FEMALE APPLICANT	
Name	Tanya Jo Long
Date of Birth	2/14/76
Place of Birth (State or foreign country)	Beech Grove, In.
Residence Address	2406 Shoal Creek Ln. Brownsburg, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers' Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. 6. (a) Full name of applicant's father: Douglas Tad Long (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Brownsburg, In. Birthplace of father (State or foreign country): Michigan (?) (b) Full maiden name of applicant's mother: Joanne Reid (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Brownsburg, In. Birthplace of mother (State or foreign country): Florida	

**ACKNOWLEDGMENT**

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

Signature of Applicant: Sean G. Gibbs Date: 6-21-91

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

Clerk of Court: \_\_\_\_\_ Date: \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: Sam G. Gibbs  
Signed: \_\_\_\_\_  
New Address: 9915 E 950 N Brownsburg In.  
Subscribed and sworn to before me this 21st day of June, 1991  
Clerk of the HENDRICKS Circuit Court

**ACKNOWLEDGMENT**

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

Signature of Applicant: Tanya Jo Long Date: 6-21-91

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

Clerk of Court: \_\_\_\_\_ Date: \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: Tanya Jo Long  
Signed: \_\_\_\_\_  
New Address: 9915 E 950 N Brownsburg In.  
Subscribed and sworn to before me this 21st day of June, 1991  
Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I 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, authorizing the marriage of Sean G. Gibbs and Tanya Jo Long. I further certify that the following marriage certificate was filed in my office: I, Larry M. Hamm (name), certify that on 6-29-91 (date), at Speedway in Marion County, Indiana, Sean G. Gibbs of Hendricks County, Indiana (state), and Tanya Jo Long of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-21-91. Signed by: /s/ 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: Connie Lawson Clerk  
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

No. 307

HENDRICKS County

File \_\_\_\_\_

6-24-91  
Date of Application

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

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

MALE APPLICANT		FEMALE APPLICANT	
<p>Name <u>Michael Charles Comer</u></p> <p>Date of Birth <u>7-15-66</u></p> <p>Place of Birth (State or foreign country) <u>IND</u></p> <p>Residence Address <u>10035 Stafford Rd. Indpls. Hendricks Co.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u></p>		<p>Name <u>Lisa Joye Havens</u></p> <p>Date of Birth <u>11-17-66</u></p> <p>Place of Birth (State or foreign country) <u>IND</u></p> <p>Residence Address <u>4334 E Main St. Danville</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u></p>	
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Charles R. Comer</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Speedway IND</u> Birthplace of father (State or foreign country) <u>IND</u></p> <p>(b) Full maiden name of applicant's mother <u>Judith A. Smith</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls. IND</u> Birthplace of mother (State or foreign country) <u>IND</u></p>		<p>6. (a) Full name of applicant's father <u>John W. Havens Jr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Danville IND</u> Birthplace of father (State or foreign country) <u>IND</u></p> <p>(b) Full maiden name of applicant's mother <u>Beraldine Ann Tolson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IND</u></p>	
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Michael C Comer</u> Date <u>6-24</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Michael C Comer</u> New Address _____ Subscribed and sworn to before me this <u>24</u> day of <u>6</u>, 19 <u>91</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Lisa J Havens</u> Date <u>6/24/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Lisa J Havens</u> New Address <u>129 EASTERN AVE. DANVILLE IN 46018</u> Subscribed and sworn to before me this <u>24</u> day of <u>6</u>, 19 <u>91</u> <u>Connie Spurgeon</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>			
<p><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p>			
<p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>6-24-91</u>, authorizing the marriage of <u>Michael C. Comer</u> and <u>Lisa J. Havens</u>. I further certify that the following marriage certificate was filed in my office: <u>S. V. Stiles</u> (name), certify that on <u>7-13-91</u> (date), at <u>Danville</u> in <u>Hendricks</u> County, Indiana, <u>Michael C. Comer</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Lisa J. Havens</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>6-24-91</u>. Signed by: <u>/s/ S.V. Stiles</u> Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>7-15-91</u> (date).</p>			
<p>Signed <u>Connie Spurgeon</u> Clerk <u>HENDRICKS</u> Circuit Court</p>			



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 308

File 6-24-91

Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated 6-18-91  
Name of Physician Dr. David Wiggard, M.D.

## MALE APPLICANT

Name Jeffrey Lynn Rooze  
Date of Birth 5/22/55  
Place of Birth (State or foreign country) Martinsville, In.  
Residence Address 250 N. Karl St. #106 Plft. In 46160  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers Lic.

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

- (a) Full name of applicant's father Raymond Rooze  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Martinsville, In.  
Birthplace of father (State or foreign country) Indiana (C?)  
(b) Full maiden name of applicant's mother Patricia Ann Scott  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant Jeffrey Lynn Rooze Date 6-24-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Jeffrey L. Rooze  
New Address 250 N. Karl St. #106 Plft. In 46160

Subscribed and sworn to before me this 24<sup>th</sup> day of June, 19 91  
Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

## FEMALE APPLICANT

Name Jane Marie Singleton  
Date of Birth 4/2/63  
Place of Birth (State or foreign country) Beech Grove, In.  
Residence Address 250 N. Karl St. #106 Plft. In 46160  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

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

- (a) Full name of applicant's father Leo Hogier Singleton  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Beech Grove, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Carol Jean Wilson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Beech Grove, In.  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant Jane M. Singleton Date 6/23/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Jane M. Singleton  
New Address Same

Subscribed and sworn to before me this 24<sup>th</sup> day of June, 19 91  
Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-24-91, authorizing the marriage of Jeffrey Lynn Rooze and Jane Marie Singleton. I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on 7-4-91 (date), at Plainfield in Hendricks County, Indiana, Jeffrey Lynn Rooze of Hendricks County Indiana (state), and Jane Marie Singleton 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. Signed by: /s/ Hubert Greer Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-8-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 309  
File \_\_\_\_\_  
Date of Application 6-24-91

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 6-24-91  
Name of Physician R. Howell, M.D.

MALE APPLICANT	
Name	First <u>Scott</u> Middle <u>Eric</u> Last <u>Hobson</u>
Date of Birth	Month <u>1</u> Day <u>25</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>3185 N 950 E</u> City <u>B'burg</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Wayne Robert Hobson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>B'burg IN</u> Birthplace of father (State or foreign country) <u>PA</u></p> <p>(b) Full maiden name of applicant's mother <u>Dagmar Ruth Davis</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>PA</u></p>	

FEMALE APPLICANT	
Name	First <u>Dawn</u> Middle <u>Renee</u> Last <u>Gamble</u>
Date of Birth	Month <u>12</u> Day <u>1</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>3965 N 1000 E</u> City <u>B'burg</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>George Vincent Manile</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>B'burg IN</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Wanda Louise Mossell</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Scott E. Hobson</u> Date <u>6/24/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Scott E. Hobson</u> in this application is true and correct. New Address _____	
Subscribed and sworn to before me this _____ day of _____, 19____ <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Dawn R. Gamble</u> Date <u>6/24/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Dawn R. Gamble</u> in this application is true and correct. New Address <u>2 E. Lakeview Dr., Cincinnati, OH</u>	
Subscribed and sworn to before me this _____ day of _____, 19____ <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

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

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-24-91, 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 (date), at Indianapolis in Marion County, Indiana, Scott E. Hobson of Hendricks County Indiana (state), and Dawn R. Gamble of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ David Berthold Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 7-23-91 (date).

Signed Connie Lawson Clerk  
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

No. 310  
File 6-24-91  
Date of Application

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

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Helen Grant, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name First <u>Brent</u> Middle <u>Ray</u> Last <u>Bowlin</u>	Name First <u>Elizabeth</u> Middle <u>Ann</u> Last <u>Harter</u>	Date of Birth Month <u>6</u> Day <u>12</u> Year <u>1966</u>	Date of Birth Month <u>1</u> Day <u>30</u> Year <u>1968</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Residence Address Street or R.R. <u>5891 E. Maple Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Indiana</u>	Residence Address Street or R.R. <u>R.R. 1, Box 198</u> City <u>Akron</u> County <u>Fulton</u> State <u>Indiana</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Unknown</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) _____ Birthplace of father (State or foreign country) _____</p> <p>(b) Full maiden name of applicant's mother <u>Wilma J. Bowlin</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father <u>Joseph E. Harter</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Beverly R. Martz</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Brent R. Bowlin</u> Date <u>6-24-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Elizabeth Ann Harter</u> Date <u>6-24-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Brent R. Bowlin</u> New Address <u>RR #1 Box 198 Akron, IN 46910</u> Subscribed and sworn to before me this <u>24</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Elizabeth Ann Harter</u> New Address <u>RR #1 Box 198 Akron, IN 46910</u> Subscribed and sworn to before me this <u>24</u> day of <u>June</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-24-91, authorizing the marriage of Brent Ray Bowlin and Elizabeth Ann Harter. I further certify that the following marriage certificate was filed in my office: I, Robert S. Jarboe (name), certify that on 7-6-91 (date), at Akron in Fulton County, Indiana, Brent Ray Bowlin of Hendricks County Indiana (state), and Elizabeth Ann Harter of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-6-91. Signed by: /s/ R. S. Jarboe Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 311

HENDRICKS County

File \_\_\_\_\_

6-25-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-21-91  
Name of Physician Dr. William Edwards MD

MALE APPLICANT		FEMALE APPLICANT	
Name <u>Cliff</u> <u>Daniel</u> <u>Ross</u> Date of Birth <u>7</u> <u>12</u> <u>70</u> Place of Birth (State or foreign country) <u>Indiana</u> Residence Address <u>P.O. Box 185 Pearl St. Amos, Hendricks, In.</u> Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____ Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____ Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>		Name <u>Donna</u> <u>Annette</u> <u>Cox</u> Date of Birth <u>9</u> <u>18</u> <u>66</u> Place of Birth (State or foreign country) <u>Indiana</u> Residence Address <u>Same</u> Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____ Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____ Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>Stephen E. Ross</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Alabama</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Kathleen A. Prater</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>		1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Ashley Nicole Cox,</u> <u>Alisha Jane Cross.</u> 6. (a) Full name of applicant's father <u>Eddie Carl Cox</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Shirley Jane Wheeler</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	
ACKNOWLEDGMENT		ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Cliff D. Ross</u> Date <u>6-25-91</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X</u> <u>Cliff D. Ross</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>25th</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court		I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Donna A. Cox</u> Date <u>6-25-91</u> The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X</u> <u>Donna A. Cox</u> New Address _____ Subscribed and sworn to before me this <u>25th</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN		CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-25-91, authorizing the marriage of Cliff Daniel Ross and Donna Annette Cox. I further certify that the following marriage certificate was filed in my office: I, Willis R. Howard (name), certify that on 7-3-91 (date), at Danville in Hendricks County, Indiana, Cliff D. Ross of Hendricks County Indiana (state), and Donna A. Cox 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. Signed by: /s/ Rev. Willis R. Howard, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 312

File

6-25-91  
Date of Application

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

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

MALE APPLICANT	
Name	First Middle Last Christopher Lynn McManahan
Date of Birth	Month Day Year 3 21 59
Place of Birth (State or foreign country)	IN
Residence Address	Street or R.R. City County State IN Youth Correctional Center
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p> <p>6. (a) Full name of applicant's father Paul McManahan (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Marion IN Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother June Straite (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Marion IN Birthplace of mother (State or foreign country) IN</p>	

FEMALE APPLICANT	
Name	First Middle Last Julia Kaye Young
Date of Birth	Month Day Year 5 28 59
Place of Birth (State or foreign country)	Mariland
Residence Address	Street or R.R. City County State 119 E. Highland Ave Marion IN
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 1
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 2-86
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Erica Young, Brooke Young</p> <p>6. (a) Full name of applicant's father Merrill Childers (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Marion IN Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Charlotte Jones (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Marion IN Birthplace of mother (State or foreign country) IN</p>	

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

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant X Julia Young	Date 6/25/91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of HENDRICKS ) ss: Signed X Julia Young New Address _____ Subscribed and sworn to before me this 25 day of 6, 19 91 Connie Johnson Clerk of the HENDRICKS Circuit Court	I swear/affirm that the information given in this application is true and correct.

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

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

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

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

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 313

File \_\_\_\_\_

6-25-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician James J. Jones

## MALE APPLICANT

Name Paul First J. Middle Frankewich Last  
Date of Birth Month 5 Day 1 Year 57  
Place of Birth (State or foreign country) Nebraska  
Residence Address Street or R.R. City County State  
9 Hickory Lane B'burg  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

- Full name of applicant's father Stanley P. Frankewich  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Fort Wayne IN  
Birthplace of father (State or foreign country) New York
- Full maiden name of applicant's mother Elizabeth A. Prallat  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) Wisconsin

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Paul J. Frankewich Date 6/25/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Paul J. Frankewich  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25 day of June, 19 91  
Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## FEMALE APPLICANT

Name Yvonne First J. Middle Exner Last  
Date of Birth Month 3 Day 3 Year 54  
Place of Birth (State or foreign country) IN  
Residence Address Street or R.R. City County State  
9 Hickory Lane B'burg IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-79  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic

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

- Full name of applicant's father Donald D. Jenkins  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) IN
- Full maiden name of applicant's mother Dora D. Degner  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) IN

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Yvonne J. Exner Date 6/25/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Yvonne J. Exner  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25 day of June, 19 91  
Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-25-91, 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 (name), certify that on 7-6-91 (date), at Brownsburg in Hendricks County, Indiana, Paul J. Frankewich of Hendricks County Indiana (state), and Yvonne J. Exner of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_ Signed by: /s/ Gary A. Dworak Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 314

File June 26, 1991

Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Charles Kelly

MALE APPLICANT	FEMALE APPLICANT
Name <u>Larry Allen Phillips</u>	Name <u>Kimberly Kay Spears</u>
Date of Birth <u>Aug 5 1971</u>	Date of Birth <u>Apr 26 1970</u>
Place of Birth (State or foreign country) <u>Ind.</u>	Place of Birth (State or foreign country) <u>Ind.</u>
Residence Address <u>RR#1 Box 484A Clayton Ind.</u>	Residence Address <u>1838 N. Rochester Ave. Indpls. Marion Ind.</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father: <u>Nolan Ray Phillips</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Clayton Ind.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Nancy Lammie Smith</u> (If adopted, list adoptive parents only) <u>Clayton Ind.</u> Residence of mother (if deceased, so state) _____ Birthplace of mother (State or foreign country) <u>Indiana</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father: <u>Butler G. Spears</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls. Ind.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Sandra K. Dandy</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls. Ind.</u> Birthplace of mother (State or foreign country) <u>Indiana</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Larry A. Phillips</u> Date <u>6-26-91</u>	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Kimberly K. Spears</u> Date <u>6-26-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Larry A. Phillips</u> in this application is true and correct. New Address <u>SAME</u> Subscribed and sworn to before me this <u>26th</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Kimberly K. Spears</u> in this application is true and correct. New Address <u>1838 N. Rochester Ave</u> Subscribed and sworn to before me this <u>26th</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6/26/91, authorizing the marriage of Larry Allen Phillips and Kimberly Kay Spears. I further certify that the following marriage certificate was filed in my office: I, J. Mark Van Valin (name), certify that on 6-29-91 (date), at West Morris Free Methodist Church in Marion County, Indiana, Larry Allen Phillips of Hendricks County Indiana (state), and Kimberly Kay Spears of Marion County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-26-91. Signed by: /s/ J. Mark Van Valin, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-11-91 (date).

Signed Connie Lawson Clerk  
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

No. 315  
File \_\_\_\_\_  
Date of Application 6-26-91

HENDRICKS County

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

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

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Jerry</u> Middle <u>Lee</u> Last <u>Walden</u>	Name	First <u>Suzanne</u> Middle <u>Marie</u> Last <u>Egolf</u>
Date of Birth	Month <u>7</u> Day <u>12</u> Year <u>61</u>	Date of Birth	Month <u>1</u> Day <u>26</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>IN</u>	Place of Birth (State or foreign country)	<u>OH</u>
Residence Address	Street or R.R. <u>Samuel</u> City _____ County _____ State _____	Residence Address	Street or R.R. <u>RR 1 Box 323 Clayton</u> City <u>IN</u> County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>88'</u>	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-14-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Jerry Frankie Walden</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>OH</u> Birthplace of father (State or foreign country) <u>OH</u> (b) Full maiden name of applicant's mother <u>Sierra Sue Anderson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Washington IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>		<p>6. (a) Full name of applicant's father <u>Chester A Zgorzelski</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>OH</u> (b) Full maiden name of applicant's mother <u>Margorie Robertson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Scotland</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Jerry Walden</u> Date _____</p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Jerry Walden</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>26</u> day of <u>6</u>, 19 <u>91</u> <u>Donna Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Suzanne M Egolf</u> Date _____</p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Suzanne M Egolf</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>26</u> day of <u>6</u>, 19 <u>91</u> <u>Donna Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

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

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 316  
File 6-26-91  
Date of Application

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

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

**MALE APPLICANT**

Name Richard Wayne Farmer  
Date of Birth 3 19 66  
Place of Birth (State or foreign country) Ohio  
Residence Address 2241 Lake of Lanterns East Dr.  
City Indpls. State Indpls.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father Virgil Farmer  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Kentucky  
(b) Full maiden name of applicant's mother Helen Elaine Moore  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Ohio

**FEMALE APPLICANT**

Name Tina M Ford  
Date of Birth 11 4 65  
Place of Birth (State or foreign country) Indiana  
Residence Address 2241 Lake of Lanterns East Drive  
City Indpls State Indpls  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Drivers License

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

6. (a) Full name of applicant's father William Earl Ford  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Pamela Jo Bray  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Richard Farmer Date July 5 91

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

State of Indiana \_\_\_\_\_ ) ss: \_\_\_\_\_  
County of HENDRICKS )  
Signed Richard Farmer in this application is true and correct.  
New Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Tina Ford Date 6-26-91

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

State of Indiana \_\_\_\_\_ ) ss: \_\_\_\_\_  
County of HENDRICKS )  
Signed Tina Ford in this application is true and correct.  
New Address Same

Subscribed and sworn to before me this 26th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-26-91, authorizing the marriage of Richard Wayne Farmer and Tina Marie Ford. I further certify that the following marriage certificate was filed in my office: I, Jeff Castetter (name), certify that on 7-9-91 in Morgan County, Indiana, (date), at Mooreville County, Indiana, (state), and Richard Wayne Farmer of Hendricks County Indiana (state), and 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 of HENDRICKS County, Indiana, dated 7-6-91. Signed by: /s/ Jeff Castetter, Ordained Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 317

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Charles H. Triggles M.D.

MALE APPLICANT				
Name	First	Middle	Last	
	Patrick	Wayne	Ellis	
Date of Birth	Month	Day	Year	
	6	14	58	
Place of Birth (State or foreign country)	Indiana			
Residence Address	Street or R.R.	City	County	State
	3603 Clarkscreek RD.	Indigo	Hendricks	IN
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 1			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/>	Date 6-84
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Micole Ann Ellis
- (a) Full name of applicant's father Clarence Albert Ellis  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Anna Louder  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT				
Name	First	Middle	Last	
	Mary	Ann	Kidwell	
Date of Birth	Month	Day	Year	
	8	23	57	
Place of Birth (State or foreign country)	Indiana			
Residence Address	Street or R.R.	City	County	State
	Same			
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 2			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/>	Date 9-85
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Michael Alan Kidwell,  
Kristi Ann Kidwell
- (a) Full name of applicant's father Paul Edward Bittingham  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mary Jane Hanning  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Patrick W. Ellis Date 6-27-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Patrick W. Ellis  
Signed Patrick W. Ellis  
New Address Same  
Subscribed and sworn to before me this 27th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Mary Ann Kidwell Date 6-27-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Mary Ann Kidwell  
Signed Mary Ann Kidwell  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-27-91, authorizing the marriage of Patrick W. Ellis and Mary Ann Kidwell. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 6-27-91 (date), at Danville in Hendricks County, Indiana, Patrick W. Ellis of Hendricks County Indiana (state), and Mary Ann Kidwell 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 6-27-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-27-91 (date).

Signed Connie Lawson Clerk  
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

No. 318  
File \_\_\_\_\_  
Date of Application 6-27-91

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Nelson, M.D.

**MALE APPLICANT**

Name First Meredith Middle Elaine Last Staton  
Date of Birth Month 6 Day 20 Year 40  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
1182 Sherman Dr. Greenwood, Johnson, Indiana  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-83  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Chester Cecil Staton  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Beth Vandervort  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Mary Middle Ann Last Hannah  
Date of Birth Month 12 Day 3 Year 44  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
7858 Austin Court, Ellettsville, Hendricks, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-83  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Chad Michael Hannah,  
Byron Ruth Hannah.
- (a) Full name of applicant's father Byron Baker  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Opely Christina Butcher  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Meredith L. Staton Date 6-27-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Meredith L. Staton in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that 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. Hannah Date 6-27-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Mary A. Hannah in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 27th day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-3-91, authorizing the marriage of Meredith L. Staton and Mary A. Hannah. I further certify that the following marriage certificate was filed in my office: I, Gene P. Crawford (name), certify that on 6-28-91 (date), at Plainfield in Hendricks County, Indiana, Meredith L. Staton of Johnson County Indiana (state), and Mary A. Hannah 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 6-28-91. Signed by: /s/ Gene P. Crawford Clergyman (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 319

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. Bernarden

MALE APPLICANT			
Name	First	Middle	Last
	Thomas	John	Lang
Date of Birth	Month	Day	Year
	7	1	77
Place of Birth (State or foreign country)			
IN			
Residence Address	Street or R.R.	City	County State
RR 1 Box 556 Greencastle IN			
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date			
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)			
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>			
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
5. List the full names of any dependent children.			
6. (a) Full name of applicant's father <u>William J. Lang</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Greencastle IN</u> Birthplace of father (State or foreign country) <u>Michigan</u>			
(b) Full maiden name of applicant's mother <u>Patricia Ann Dickinson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Michigan</u>			

FEMALE APPLICANT			
Name	First	Middle	Last
	Christie	Lynn	Kaiser
Date of Birth	Month	Day	Year
	11	19	70
Place of Birth (State or foreign country)			
IN			
Residence Address	Street or R.R.	City	County State
RR 1 Box 65 Monrovia Hendricks Co. IN			
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date			
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)			
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>			
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			
5. List the full names of any dependent children.			
6. (a) Full name of applicant's father <u>George R. Kaiser</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Monrovia IN</u> Birthplace of father (State or foreign country) <u>IN</u>			
(b) Full maiden name of applicant's mother <u>Shirley R. Jones</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>KY</u>			

ACKNOWLEDGMENT

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

Signature of Applicant Thomas J. Lang Date

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

Clerk of Court Date

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

Signed Thomas J. Lang  
New Address 405 B W. Pine St. Pitt.

Subscribed and sworn to before me this 27 day of 6, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Christie Kaiser Date

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

Clerk of Court Date

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

Signed Christie Kaiser  
New Address 6 Same

Subscribed and sworn to before me this 27 day of 6, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #  
Mother ID #

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #  
Mother ID #

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91, authorizing the marriage of Thomas John Lang and Christie Lynn Kaiser. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 6-27-91 (date), at Danville in Hendricks County, Indiana, Thomas John Lang of Putnam County Indiana (state), and Christie Lynn Kaiser 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 6-27-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 6-28-91 (date).

Signed Connie Lawson Clerk  
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

No. 320  
File \_\_\_\_\_  
Date of Application 6-27-91

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-20-91  
Name of Physician Dr. James Anderson, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name First <u>Billy</u> Middle <u>Fred</u> Last <u>Hamil</u>	Name First <u>Deloris</u> Middle <u>Kay</u> Last <u>Rainey</u>	Date of Birth Month <u>1</u> Day <u>13</u> Year <u>48</u>	Date of Birth Month <u>2</u> Day <u>19</u> Year <u>64</u>
Place of Birth (State or foreign country) <u>Alabama</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Residence Address Street or R.R. <u>24 Churchill Dr.</u> City <u>Mooresville</u> County <u>Morgan</u> State <u>IN</u>	Residence Address Street or R.R. <u>633 W. Jessup Rd.</u> City <u>Bluffton</u> County <u>Hendricks</u> State <u>In</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>86</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5. List the full names of any dependent children. <u>Brian Wade Hamil</u>	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father <u>James William Monroe Hamil</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Alabama</u>	6. (a) Full name of applicant's father <u>Donald Charles Rainey</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>	(b) Full maiden name of applicant's mother <u>Mattie Lou Dean</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Alabama</u>	(b) Full maiden name of applicant's mother <u>Wanda Kay Perry</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Bill Hamil</u> Date <u>6-27-91</u>		ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Deloris K. Rainey</u> Date <u>6-27-91</u>	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____		The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>X Bill Hamil</u> New Address _____ Subscribed and sworn to before me this <u>27th</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court		State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>X Deloris K. Rainey</u> New Address _____ Subscribed and sworn to before me this <u>27th</u> day of <u>June</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____		CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____	

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-27-91, authorizing the marriage of Bill Fred Hamil and Deloris Kay Rainey. I further certify that the following marriage certificate was filed in my office: I, Glen B. Howe (name), certify that on 8-2-91 (date), at Danville in Hendricks County, Indiana, Bill F. Hamil of Morgan County Indiana (state), and Deloris K. Rainey of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91. Signed by: /s/ Glen Howe Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 321  
File 6-28-91  
Date of Application

HENDRICKS County

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

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

MALE APPLICANT	
Name	First <u>James</u> Middle <u>Francis</u> Last <u>Myer</u>
Date of Birth	Month <u>10</u> Day <u>22</u> Year <u>22</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>5756 E. Maple Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Wayne J. Myer</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Mable L. Huff</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Sharon</u> Middle <u>(Cline)</u> Last <u>Pritchett</u>
Date of Birth	Month <u>5</u> Day <u>3</u> Year <u>28</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>4763 Normal Ave.</u> City <u>Indigo</u> County <u>Marion</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>5</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Breen Dale Cline</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Ky.</u></p> <p>(b) Full maiden name of applicant's mother <u>Sarah Jane Kelton</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Alabama</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>James F. Myer</u> Date <u>6-28-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date _____

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Sharon C. Pritchett</u> Date <u>6-28-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date _____

State of Indiana	)	ss:	I swear/affirm that the information given
County of <u>HENDRICKS</u>	)		in this application is true and correct.
Signed	<u>James F. Myer</u>		
New Address	<u>10110 Blumtree Dr. Indigo 46236</u>		
Subscribed and sworn to before me this	<u>28th</u>	day of <u>June</u> , 19	<u>91</u>
<u>Connie Lawson</u>	Clerk of the	<u>HENDRICKS</u>	Circuit Court

State of Indiana	)	ss:	I swear/affirm that the information given
County of <u>HENDRICKS</u>	)		in this application is true and correct.
Signed	<u>Sharon C. Pritchett</u>		
New Address	<u>4763 Normal Ave. Indigo 46236</u>		
Subscribed and sworn to before me this	<u>28th</u>	day of <u>June</u> , 19	<u>91</u>
<u>Connie Lawson</u>	Clerk of the	<u>HENDRICKS</u>	Circuit Court

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

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

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91, authorizing the marriage of James Francis Myer and Sharon C. Pritchett. I further certify that the following marriage certificate was filed in my office: I, Rev. Robert L. Gidley (name), certify that on 7-13-91 (date), at Indianapolis in Marion County, Indiana, James F. Myers of Hendricks County Indiana (state), and Sharon C. Pritchett 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 7-13-91. Signed by: /s/ Rev. Robert L. Gidley, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-19-91 (date).

Signed Connie Lawson Clerk  
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

No. 322

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician D. Harris, M.D.

MALE APPLICANT		FEMALE APPLICANT	
<p>Name <u>Jeffrey Blake Mantor</u></p> <p>Date of Birth <u>6</u> <u>28</u> <u>71</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>324 N. Pearl Ave, Hendricks, Indiana</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>		<p>Name <u>Shannon Marie Cavett</u></p> <p>Date of Birth <u>12</u> <u>4</u> <u>69</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>1195 W. Lincoln Apt. D1 Danville, Hendricks, IN</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>	
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Gerald Ray Mantor</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ohio</u></p> <p>(b) Full maiden name of applicant's mother <u>Marlynn Jean Miller</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Iowa</u></p>		<p>6. (a) Full name of applicant's father <u>Robert Larkin Cavett</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Iowa</u></p> <p>(b) Full maiden name of applicant's mother <u>Teresa Ann Wynn</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Jeffrey B. Mantor</u> Date <u>6-28-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>		<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Shannon M. Cavett</u> Date <u>6-28-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Jeffrey B. Mantor</u></p> <p>New Address _____</p> <p>Subscribed and sworn to before me this <u>28th</u> day of <u>June</u>, 19 <u>91</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>Shannon M. Cavett</u></p> <p>New Address _____</p> <p>Subscribed and sworn to before me this <u>28th</u> day of <u>June</u>, 19 <u>91</u></p> <p><u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____</p> <p>Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____</p> <p>Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____</p> <p>_____ Clerk</p>	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91, authorizing the marriage of JEFFREY B. MANTOR and SHANNON M. CAVETT. I further certify that the following marriage certificate was filed in my office: I, HOWARD D. ALLEN (name), certify that on 6-30-91 (date), at DANVILLE in HENDRICKS County, Indiana, JEFFREY B. MANTOR of HENDRICKS County IN (state), and SHANNON M. CAVETT of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91. Signed by: /s/ HOWARD D. ALLEN, ELDER (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-1-91 (date).

Signed Connie Lawson Clerk  
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

No. 323  
File \_\_\_\_\_  
Date of Application 6-28-91

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 5-14-91  
Name of Physician Dr. Horne

MALE APPLICANT	
Name	First <u>John</u> Middle <u>Michael</u> Last <u>MacLaren</u>
Date of Birth	Month <u>October</u> Day <u>19</u> Year <u>1965</u>
Place of Birth (State or foreign country)	<u>California</u>
Residence Address	*Street or R.F. <u>14135 Champions Dr. Apt 168, Houston, Harris, Tex</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>Gerald Charles MacLaren</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Texas</u> Birthplace of father (State or foreign country) <u>S. Dakota</u></p> <p>(b) Full maiden name of applicant's mother: <u>Annita Virginia Mullally</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Texas</u> Birthplace of mother (State or foreign country) <u>S. Dakota</u></p>	

FEMALE APPLICANT	
Name	First <u>Katherine</u> Middle <u>Diane</u> Last <u>Hinshaw</u>
Date of Birth	Month <u>October</u> Day <u>26</u> Year <u>1965</u>
Place of Birth (State or foreign country)	<u>Florida</u>
Residence Address	*Street or R.F. <u>8538 Laurel Oak Ln, Spring, Harris, Texas</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>David Michael Hinshaw</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Carol Jean Hughes</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant John M. MacLaren Date 6/28/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed John M. MacLaren  
New Address 14135 Champions Dr. #168, Houston TX 77069  
Subscribed and sworn to before me this 28 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Katherine D. Hinshaw Date 6/28/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Katherine D. Hinshaw  
New Address Same  
Subscribed and sworn to before me this 28 day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91, 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 on 6-29-91 (date), at Brownsburg in Hendricks County, Indiana, John Michael MacLaren of Harris County Texas (state), and Katherine Diane Hinshaw of Harris County Texas (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-29-91. Signed by: /s/ Richard D. Peterson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 324

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 ☐ Yes ☐  
If No, Medical Examination or Report Dated 2-25-91  
Name of Physician Dr. T. Hines, M.D.

**MALE APPLICANT**

Name Mark Richard Aleski  
Date of Birth 9 27 57  
Place of Birth (State or foreign country) Quincy, Ma.  
Residence Address 4560 Dan Jones Rd. Plainfield, In 46168  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 46168  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

6. (a) Full name of applicant's father Sygmord Richard Aleski  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Rockland, Ma.  
Birthplace of father (State or foreign country) N. Jersey  
(b) Full maiden name of applicant's mother Egnatia Ann Pilalus  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Rockland, Ma.  
Birthplace of mother (State or foreign country) Ma.

**FEMALE APPLICANT**

Name Sherry Lee Beverly  
Date of Birth 8 18 58  
Place of Birth (State or foreign country) Roanoke, Va.  
Residence Address 11274 Brentwood Ave. Zionsville, In 46077  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

6. (a) Full name of applicant's father Roscoe Kenneth Beverly  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) \_\_\_\_\_  
Birthplace of father (State or foreign country) Zionsville, In.  
(b) Full maiden name of applicant's mother Shirley Dore Blackwell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Zionsville, In.  
Birthplace of mother (State or foreign country) Va.

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites, for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Mark R. Aleski Date 6/28/91

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

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Mark R. Aleski  
New Address Same  
Subscribed and sworn to before me this 28<sup>th</sup> day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites, for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Sherry L. Beverly Date 6-28-91

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

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Sherry L. Beverly  
New Address 4560 Dan Jones Rd  
Subscribed and sworn to before me this 28<sup>th</sup> day of June, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 6-28-91, authorizing the marriage of Mark Richard Aleski and Sherry Lee Beverly. I further certify that the following marriage certificate was filed in my office: I, Rev. Douglas M. McCormick (name), certify that on 7-20-91 (date), at Zionsville in Boone County, Indiana, Mark Richard Aleski of Hendricks County Indiana (state), and Sherry Lee Beverly of Boone County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Douglas M. McCormick Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 325

File

7-1-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician M. Rebecca Haak, M.D.

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>Lee</u> Last <u>Dowden</u>
Date of Birth	Month <u>7</u> Day <u>29</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>La.</u>
Residence Address	Street or R.R. <u>5048 W. Maple Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Mary Anne Dowden, Megan C. Dowden, Joshua R. Dowden, Taylor Hunt Dowden</u></p> <p>6. (a) Full name of applicant's father <u>Joseph H. Dowden</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>La.</u> Birthplace of father (State or foreign country) <u>La.</u> (b) Full maiden name of applicant's mother <u>Carol L. Hunt</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>La.</u> Birthplace of mother (State or foreign country) <u>La.</u></p>	

FEMALE APPLICANT	
Name	First <u>Cheryl</u> Middle <u>L.</u> Last <u>Gilbreath</u>
Date of Birth	Month <u>9</u> Day <u>28</u> Year <u>58</u>
Place of Birth (State or foreign country)	<u>Calif.</u>
Residence Address	Street or R.R. <u>5048 W. Maple Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Michelle Gilbreath, Michael Gilbreath, Jr.</u></p> <p>6. (a) Full name of applicant's father <u>Donald E. Bondebrush</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Betty J. Meissner</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Michael Dowden Date 7-1-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Michael L. Dowden in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 1st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Cheryl L. Gilbreath Date 7-1-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Cheryl L. Gilbreath in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 1st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-1-91, authorizing the marriage of Michael Lee Dowden and Cheryl L. Gilbreath. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 7-1-91 (date), at Danville in Hendricks County, Indiana, Michael Lee Dowden of Hendricks County Indiana (state), and Cheryl L. Gilbreath 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 7-1-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-1-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 326

File

7-1-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. J. Boe, M.D.

MALE APPLICANT	
Name	First <u>Brian</u> Middle <u>Lee</u> Last <u>Guinn</u>
Date of Birth	Month <u>6</u> Day <u>23</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>180 Elm Cr. #903</u> City <u>Dunsmuir</u> County <u>Santa Clara</u> State <u>Cal.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Dr. David S. Guinn</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ky.</u> (b) Full maiden name of applicant's mother <u>Janet S. Smith</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Shannon</u> Middle <u>Marie</u> Last <u>Ploughe</u>
Date of Birth	Month <u>10</u> Day <u>27</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>R.R. 1 Box 205</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Vernon Eugene Ploughe</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Theresa Marie Wynne</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Brian L. Guinn Date 7/1/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Brian L. Guinn  
New Address Same  
Subscribed and sworn to before me this 1st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Shannon M. Ploughe Date 7/1/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Shannon M. Ploughe  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 1st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-1-91, authorizing the marriage of Brian Lee Guinn and Shannon Marie Ploughe. I further certify that the following marriage certificate was filed in my office: I, Boyd J. Sellers (name), certify that on 7-6-91 (date), at Plainfield in Hendricks County, Indiana, Brian Lee Guinn of Santa Clara County California (state), and Shannon Marie Ploughe of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-6-91. Signed by: /s/ Boyd Sellers, Minister (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 327

HENDRICKS County

File \_\_\_\_\_

7-1-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Charles Triggles, M.D.

MALE APPLICANT	
Name	First <u>Dennis</u> Middle <u>Jay</u> Last <u>MacGruder</u>
Date of Birth	Month <u>2</u> Day <u>4</u> Year <u>61</u>
Place of Birth (State or foreign country)	<u>Colo.</u>
Residence Address	Street or R.R. <u>1502 James Dr.</u> City <u>Bedford</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Jesse Stanton MacGruder</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Dorothy Lois Brown</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Alice</u> Middle <u>Jean</u> Last <u>Reeves</u>
Date of Birth	Month <u>3</u> Day <u>19</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>6032 Cheshire Rd. No. C.</u> City <u>Indigo</u> County <u>Marion</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Allen Edward Reeves</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Betty Jean Monroe</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Dennis J. MacGruder</u> Date <u>7-1-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) ss: _____ I swear/affirm that the information given in this application is true and correct.	
County of	<u>HENDRICKS</u>
Signed	<u>Dennis J. MacGruder</u>
New Address	<u>1502 James Dr. Bedford, IN</u>
Subscribed and sworn to before me this	<u>1st</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Alice Jean Reeves</u> Date <u>7-1-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) ss: _____ I swear/affirm that the information given in this application is true and correct.	
County of	<u>HENDRICKS</u>
Signed	<u>Alice Jean Reeves</u>
New Address	<u>6032 Cheshire Rd. No. C. Indigo, IN</u>
Subscribed and sworn to before me this	<u>1st</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-1-91, authorizing the marriage of Dennis J. MacGruder and Alice J. Reeves. I further certify that the following marriage certificate was filed in my office: I, The Rev. Paul Landwerlen (name), certify that on 8-10-91 (date), at Indianapolis in Marion County, Indiana, Dennis J. MacGruder of Hendricks County Indiana (state), and Alice J. Reeves of Putnam County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Paul Landwerlen, Catholic Priest (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-13-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 328

File

7-2-91  
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 Dr. Stephen C. Hery MD.

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Earl</u> Last <u>Fortier</u>
Date of Birth	Month <u>9</u> Day <u>19</u> Year <u>47</u>
Place of Birth (State or foreign country)	<u>Mass.</u>
Residence Address	Street or R.R. <u>1721 Rachel Dr.</u> City <u>Pelee</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-76</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>-</u>	
6. (a) Full name of applicant's father <u>William Earl Fortier, II</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Calif.</u> Birthplace of father (State or foreign country) <u>Mass.</u> (b) Full maiden name of applicant's mother <u>Margaret Barrios</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>CT.</u> Birthplace of mother (State or foreign country) <u>Sanger, Puerto Rico</u>	

FEMALE APPLICANT	
Name	First <u>Nancy</u> Middle <u>Lee</u> Last <u>Elliot</u>
Date of Birth	Month <u>9</u> Day <u>1</u> Year <u>47</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1721 Rachel Dr.</u> City <u>Pelee</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-85</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>-</u>	
6. (a) Full name of applicant's father <u>Otis Lee Bough</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mary Ellen Bugh</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>William E Fortier</u> Date <u>7/2/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>William E Fortier</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>2nd</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Nancy Lee Elliott</u> Date <u>7/2/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Nancy Lee Elliott</u> New Address _____ Subscribed and sworn to before me this <u>2nd</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 7-2-91, authorizing the marriage of William Earl Fortier and Nancy Lee Elliot. I further certify that the following marriage certificate was filed in my office: I, Teresa K. Wainscott (name), certify that on 8-17-91 (date), at Plainfield in Hendricks County, Indiana, William E. Fortier of Hendricks County Indiana (state), and Nancy L. Elliot of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ Teresa Wainscott Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 3-17-92 (date).

Signed Connie Lawson Clerk  
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

No. 329

File \_\_\_\_\_

7-2-91  
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 5-7-91  
Name of Physician Dr. Grist, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Ronald Eugene Lynch</u></p> <p>Date of Birth <u>11</u> <u>16</u> <u>41</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>R.R. 1 Box 44</u> <u>Linton, Hendricks, IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-88</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>	<p>Name <u>Linda Sheryl Kean</u></p> <p>Date of Birth <u>11</u> <u>21</u> <u>53</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>R.R. 1 Box 44</u> <u>Linton, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-86</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Margaret Ann Lynch,</u> <u>Shanna Kay Lynch, Shaun Patrick</u> <u>Lynch</u></p> <p>6. (a) Full name of applicant's father <u>Rollie Marvin Lynch</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ind.</u></p> <p>(b) Full maiden name of applicant's mother <u>Sadie Rae Westworth</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ind.</u></p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Stacy Ann Kean</u></p> <p>6. (a) Full name of applicant's father <u>Kenneth Edward Leathers</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Shirley Ann Hughes</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Ronald E Lynch</u> Date <u>7-2-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Ronald E Lynch</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>2nd</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Linda S. Kean</u> Date <u>7-2-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Linda S. Kean</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>2nd</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-2-91, authorizing the marriage of Ronald Eugene Lynch and Linda Sheryl Kean. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 7-2-91 (date), at Danville in Hendricks County, Indiana, Ronald Eugene Lynch of Hendricks County Indiana (state), and Linda Sheryl Kean 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 7-2-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-2-91 (date).

Signed Connie Lawson Clerk  
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

No. 330

File \_\_\_\_\_

7-3-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-20-91  
Name of Physician Dr. Clark, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Thomas Michael Smith</u></p> <p>Date of Birth <u>1</u> <u>22</u> <u>49</u></p> <p>Place of Birth (State or foreign country) <u>Ohio</u></p> <p>Residence Address <u>26 Normandie Dr. Danville, Hendricks, IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-88</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Edward E. Shook</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Ky.</u> (b) Full maiden name of applicant's mother <u>Jenny</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Ky.</u></p>	<p>Name <u>Glenda Stanbaugh Pyle</u></p> <p>Date of Birth <u>11</u> <u>24</u> <u>51</u></p> <p>Place of Birth (State or foreign country) <u>Ky.</u></p> <p>Residence Address <u>26 Normandie Dr. Danville, Hendricks, IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-89</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Richard Harry Pyle</u></p> <p>6. (a) Full name of applicant's father <u>Ernest Shannon Stanbaugh</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Ky.</u> Birthplace of father (State or foreign country) <u>Ky.</u> (b) Full maiden name of applicant's mother <u>Elaine Mildred Fuel</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Ky.</u> Birthplace of mother (State or foreign country) <u>Ky.</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Thomas Michael Smith</u> Date <u>7-3-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Thomas Michael Smith</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>3rd</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Glenda S. Pyle</u> Date <u>7/3/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Glenda S. Pyle</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>3rd</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p style="text-align: center;"><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p> <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-3-91</u>, authorizing the marriage of <u>Thomas Michael Smith</u> and <u>Glenda S. Pyle</u>. I further certify that the following marriage certificate was filed in my office: I, <u>John Koppitch</u> (name), certify that on <u>7-6-91</u> (date), at <u>Danville</u> in <u>Hendricks</u> County, Indiana, <u>Thomas Michael Smith</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Glenda Pyle</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>7-6-91</u>. Signed by: <u>/s/ John Koppitch</u> Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>7-22-91</u> (date).</p> <p style="text-align: right;">Signed <u>Connie Lawson</u> Clerk <u>HENDRICKS</u> Circuit Court</p>	



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. 331

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Norman H. Liebachutz, MD

## MALE APPLICANT

Name David Allen Stafford  
Date of Birth 11 5 68  
Place of Birth (State or foreign country) Indiana  
Residence Address 1039 RD. 450 N. Brownsburg, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father Larry Allen Stafford  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Brenda Kay Warren  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Paul Stafford Date 7-5-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Paul Stafford in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## FEMALE APPLICANT

Name Lori Michelle Durham  
Date of Birth 12 3 70  
Place of Birth (State or foreign country) Indiana  
Residence Address 3120 N. 950 E. Brownsburg, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father Jack Edward Durham  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Mary Catherine Lewis  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Lori M. Durham Date 7/5/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Lori M. Durham in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of David Allen Stafford and Lori M. Durham. I further certify that the following marriage certificate was filed in my office: I, Larry A. Stafford (name), certify that on 7-20-91 (date), at Brownsburg in Hendricks County, Indiana, David A. Stafford of Hendricks County Indiana (state), and Lori M. Durham of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Larry A. Stafford, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-24-91 (date).

Signed Connie Lawson Clerk  
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

No. 332

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Helen Ezenbush, M.D.

MALE APPLICANT		FEMALE APPLICANT	
<p>Name <u>Sergio</u> First <u>Stephen</u> Middle <u>Stojkovich</u> Last <u>Stojkovich</u></p> <p>Date of Birth <u>11</u> Month <u>3</u> Day <u>61</u> Year</p> <p>Place of Birth (State or foreign country) <u>Australia</u></p> <p>Residence Address <u>43 York St. Reservoir, Preston, Victoria 3073</u> Street or R.R. City County State</p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver License, Passport</u></p>		<p>Name <u>Cheryl</u> First <u>Lynn</u> Middle <u>Sheehan</u> Last <u>Sheehan</u></p> <p>Date of Birth <u>11</u> Month <u>22</u> Day <u>64</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>3 Roselawn Ave. Brownsburg, Hendricks, IN</u> Street or R.R. City County State</p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver License</u></p>	
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Vincent Stojkovich</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Australia</u> Birthplace of father (State or foreign country) <u>Yugoslavia</u></p> <p>(b) Full maiden name of applicant's mother <u>Maria Luisa Castro</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Italy</u></p>		<p>6. (a) Full name of applicant's father <u>Wayne Arthur Sheehan</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Evelyn Sue McLann</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Florida</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Sergio Stojkovich</u> Date <u>7-5-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date <u>7</u></p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Cheryl Sheehan</u> Date <u>7-5-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>Sergio Stojkovich</u> New Address <u>1 Kent Rd Surrey Hills VIC. 3127.</u></p> <p>Subscribed and sworn to before me this <u>5th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>Cheryl Sheehan</u> New Address <u>1 Kent Rd Surrey Hills Vic Australia.</u></p> <p>Subscribed and sworn to before me this <u>5th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of Sergio S. Stojkovich and Cheryl Lynn Sheehan. I further certify that the following marriage certificate was filed in my office: I, Richard D. Peterson (name), certify that on 7-13-91 (date), at Brownsburg in Hendricks County, Indiana, Sergio S. Stojkovich of Preston County Victoria, Australia (state), and Cheryl Lynn Sheehan 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 7-13-91. Signed by: /s/ Richard D. Peterson, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-16-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 333  
File \_\_\_\_\_  
Date of Application 7-5-91

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. Ken Maynard

MALE APPLICANT	FEMALE APPLICANT
Name <u>William</u> <u>Grahame</u> <u>Stephens</u>	Name <u>Beth</u> <u>Ann</u> <u>Anderson</u>
Date of Birth <u>7</u> <u>23</u> <u>51</u>	Date of Birth <u>12</u> <u>12</u> <u>60</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>
Residence Address <u>504 E. College Ave. Brownsburg, Hendricks, IN</u>	Residence Address <u>Same</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Color. Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u>
6. (a) Full name of applicant's father <u>William A. Stephens</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Florida</u> Birthplace of father (State or foreign country) <u>Illinois</u> (b) Full maiden name of applicant's mother <u>Marigene Grahame</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Iowa</u>	6. (a) Full name of applicant's father <u>Ernest William Anderson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Sarah Alice Singler</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Illinois</u>
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant <u>William G. Stephens</u> Date <u>07/05/91</u>	Signature of Applicant <u>Beth Anderson</u> Date <u>7/5/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____	Clerk of Court _____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>William G. Stephens</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>5th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Beth Anderson</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>5th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of William Grahame Stephens and Beth Ann Anderson. I further certify that the following marriage certificate was filed in my office: I, /s/ Michael D. Keele (name), certify that on 7-19-91 (date), at Indianapolis in Marion County, Indiana, William G. Stephens of Hendricks County Indiana (state), and Beth Ann Anderson 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 7-19-91. Signed by: /s/ Michael D. Keele, Judge (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-23-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 334

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-17-91  
Name of Physician Dr. Cindy Brown, M.D.

MALE APPLICANT	
Name	First Middle Last Randall Gary Price
Date of Birth	Month Day Year 12 13 67
Place of Birth (State or foreign country)	North Carolina
Residence Address	Street or R.R. City County State 2400 Andrew Ave. Apt. 607 LaPorte, LaPorte, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. — 6. (a) Full name of applicant's father: Dewey Gary Price (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: Carla Jean Heingelman (If adopted, list adoptive parents only) — Residence of mother (if deceased, so state) — Birthplace of mother (State or foreign country) —	

FEMALE APPLICANT	
Name	First Middle Last Linda Jean Alexander
Date of Birth	Month Day Year 12 15 67
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State R.R. 1 Box 18A Pittsboro, Hendricks, IN
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. — 6. (a) Full name of applicant's father: Everett Lee Alexander (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: Lorretta Jean 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 X Randy R. Price Date 7-5-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Randy R. Price  
New Address Same  
Subscribed and sworn to before me this 5th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Linda Jean Alexander Date 7/5/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Linda Jean Alexander  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of Randall R. Price and Linda J. Alexander. I further certify that the following marriage certificate was filed in my office:  
I, R. Fred Rodkey (name), certify that on 7-13-91 (date), at Avon, Indiana in Hendricks County, Indiana, Randall R. Price of LaPorte County Indiana (state), and Linda J. Alexander 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 7-16-91.  
Signed by: /s/ R. Fred Rodkey, Associate Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 7-16-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 335HENDRICKS 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 7-5-91  
Name of Physician M. Healey, M.D.

MALE APPLICANT	
Name	<u>Terry Lee Ward</u>
Date of Birth	<u>Month 7 Day 25 Year 52</u>
Place of Birth (State or foreign country)	<u>Lebanon, In.</u>
Residence Address	<u>2644 W 200 N Danville, In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Voters Registration</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Benjamin Ward 16yrs</u> <u>Phillip Ward 14yrs.</u> <u>Janya Ward 12yrs.</u></p> <p>6. (a) Full name of applicant's father. <u>Jeddy Frank Ward</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Braunburg, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother. <u>Rosa Ann Walker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Braunburg In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	<u>Katherine Ann Beck</u>
Date of Birth	<u>Month 7 Day 4 Year 54</u>
Place of Birth (State or foreign country)	<u>Indianapolis, In.</u>
Residence Address	<u>1861 St Rd 42 Mooresville, In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Indiana Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jason Beck 10yrs.</u> <u>Adam Beck 9yrs.</u></p> <p>6. (a) Full name of applicant's father. <u>Kevin Paul Penner</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Clayton, In.</u> Birthplace of father (State or foreign country) <u>Ind.</u></p> <p>(b) Full maiden name of applicant's mother. <u>Alfreda Ruth Regier</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Clayton, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Terry L. Ward</u> Date <u>7-5-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Terry L. Ward</u>
New Address	<u>SAME</u>
Subscribed and sworn to before me this	<u>5<sup>th</sup></u> day of <u>July</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Katherine A. Beck</u> Date <u>7-5-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Katherine A. Beck</u>
New Address	<u>2644 W 200 N. Danville, In. 46122</u>
Subscribed and sworn to before me this	<u>5<sup>th</sup></u> day of <u>July</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-5-91</u> , authorizing the marriage of <u>Terry Lee Ward</u> and <u>Katherine Ann Beck</u> . I further certify that the following marriage certificate was filed in my office: I, <u>Robert D. Spanton, Jr.</u> (name), certify that on <u>7-12-91</u> (date), at <u>Plainfield</u> in <u>Hendricks</u> County, Indiana, <u>Terry Lee Ward</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Katherine Ann Beck</u> of <u>Morgan</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>7-12-91</u> . Signed by: <u>/s/ Robert D. Spanton, Jr.</u> Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>7-16-91</u> (date).	

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 336

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 ☒ Yes ☐

If No, Medical Examination or Report Dated

Name of Physician Dr. Johnson, M.D.

MALE APPLICANT	
Name	First <u>Walter</u> Middle <u>Richard</u> Last <u>Lemke, Jr.</u>
Date of Birth	Month <u>1</u> Day <u>17</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>939 Brennan Dr.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>IN.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>          </u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children. <u>          </u>
6.	(a) Full name of applicant's father <u>Walter Richard Lemke, Sr.</u> (If adopted, list adoptive parents only) <u>          </u> Residence of father (if deceased, so state) <u>Ohio</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Alice Margaret Koch</u> (If adopted, list adoptive parents only) <u>          </u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Aneita</u> Middle <u>Faye</u> Last <u>Broyles</u>
Date of Birth	Month <u>1</u> Day <u>17</u> Year <u>56</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>203 S. Vine St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1.	Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2.	Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3.	Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4.	Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5.	List the full names of any dependent children. <u>Jeffrey Alan Broyles, Jeremy Scott Broyles, Balala Marie Broyles</u>
6.	(a) Full name of applicant's father <u>Roy B. Sullivan</u> (If adopted, list adoptive parents only) <u>          </u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ky.</u> (b) Full maiden name of applicant's mother <u>Leola Irene Tiller</u> (If adopted, list adoptive parents only) <u>          </u> Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Ky.</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Walter R. Lemke Date 7-5-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Walter R. Lemke  
New Address Same  
Subscribed and sworn to before me this 5th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Aneita F. Broyles Date 7/5/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Aneita F. Broyles  
New Address             
Subscribed and sworn to before me this 5th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, 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 (name), certify that on 7-27-91 (date), at Plainfield in Hendricks County, Indiana, Walter R. Lemke of Hendricks County Indiana (state), and Aneita F. Broyles 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 7-27-91. Signed by: /s/ Stephen White Minister (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 337

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-19-91  
Name of Physician C R Kelly

MALE APPLICANT	
Name	<u>George Davis Lynn II</u>
Date of Birth	<u>3</u> <u>24</u> <u>70</u>
Place of Birth (State or foreign country)	<u>Danville, In.</u>
Residence Address	<u>250 N East St Apt 209 Plainfield, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. 6. (a) Full name of applicant's father <u>George Davis Lynn I</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Bellefonte, In.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Hazel Reim Snyder</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Bellefonte, In.</u> Birthplace of mother (State or foreign country) <u>Delaware</u>	

FEMALE APPLICANT	
Name	<u>Tammy Jo Floyd</u>
Date of Birth	<u>6</u> <u>23</u> <u>68</u>
Place of Birth (State or foreign country)	<u>Lebanon, In.</u>
Residence Address	<u>250 N East St Apt 209 Plainfield, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. 6. (a) Full name of applicant's father <u>James Lee Floyd</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Lebanon, In.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Helma Pauline Jarvis</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Lebanon, In.</u> Birthplace of mother (State or foreign country) <u>Ind.</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>George Lynn II</u> Date <u>7-5-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana	) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: in this application is true and correct.
Signed <u>George Lynn II</u>	
New Address <u>same</u>	
Subscribed and sworn to before me this <u>5<sup>th</sup></u> day of <u>July</u> , 19 <u>91</u>	
<u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Tammy Jo Floyd</u> Date <u>7-5-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana	) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: in this application is true and correct.
Signed <u>Tammy Jo Floyd</u>	
New Address <u>same</u>	
Subscribed and sworn to before me this <u>5<sup>th</sup></u> day of <u>July</u> , 19 <u>91</u>	
<u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

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

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

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of George Davis Lynn, II and Tammy Jo Floyd. I further certify that the following marriage certificate was filed in my office: I, Hubert Greer (name), certify that on 7-6-91 in Hendricks County, Indiana, (date), at Plainfield (state), and George Davis Lynn II of Hendricks County Indiana (state), and Tammy Jo Floyd of Boone 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 7-5-91. Signed by: /s/ Hubert Greer Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-10-91 (date).

Signed Connie Rawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 338

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Thomas M. Mott

MALE APPLICANT	
Name	First <u>Donald</u> Middle <u>J.</u> Last <u>Zering</u>
Date of Birth	Month <u>7</u> Day <u>3</u> Year <u>54</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>1015 Magdalene Dr. Apt. C</u> City <u>Shopee</u> County <u>IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-28-87</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>None, Craig</u></p> <p>6. (a) Full name of applicant's father <u>Harvey Zering Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Shopee IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Alice Lindsay</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Shopee IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

FEMALE APPLICANT	
Name	First <u>Connie</u> Middle <u>L.</u> Last <u>Sharpee</u>
Date of Birth	Month <u>6</u> Day <u>21</u> Year <u>48</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>1993 N. 600 E</u> City <u>Danville</u> County <u>IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>88'</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Michele, Melissa</u></p> <p>6. (a) Full name of applicant's father <u>James A. Craig</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Shopee IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Alice Louise Pittman</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Shopee IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Donald J. Zering Date 7-5-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Donald J. Zering in this application is true and correct.  
New Address 1993 N. 600 E. Danville, IN  
Subscribed and sworn to before me this \_\_\_\_\_ day of July, 19 91  
Connie Sharpee Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Connie Sharpee Date 7-5-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Connie Sharpee in this application is true and correct.  
New Address 1993 N. 600 E. Danville, IN  
Subscribed and sworn to before me this \_\_\_\_\_ day of July, 19 91  
Donald J. Zering Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of Donald J. Zering and Connie L. Sharpee.  
I, R. Fred RodKey, further certify that the following marriage certificate was filed in my office: (name), certify that on 7-20-91 (date), at Avon in Hendricks County, Indiana, Donald J. Zering of Hendricks County Indiana (state), and Connie L. Sharpee of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91.  
Signed by: /s/ R. Fred RodKey, Associate Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed \_\_\_\_\_ Clerk  
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

No. 339

File 7-05-91

Date of Application

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

**MALE APPLICANT**

Name First Luis Middle Martin Last Garcia  
Date of Birth Month 1 Day 08 Year 1964  
Place of Birth (State or foreign country) Mexico  
Residence Address Street or R.R. City County State  
10137 Keweenaw, Indianapolis, Hendricks, Indiana 46234  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
- (a) Full name of applicant's father Juan Garcia  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Mexico  
(b) Full maiden name of applicant's mother Augustina Hernandez (Unknown)  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) California  
Birthplace of mother (State or foreign country) Mexico

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Luis M. Garcia Date 7-05-91

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

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Luis M. Garcia  
New Address Same as Above  
Subscribed and sworn to before me this 5 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

**FEMALE APPLICANT**

Name First Jo Dee Middle Ratliff Last McVay  
Date of Birth Month 9 Day 27 Year 1971  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
10137 Keweenaw Dr., Indianapolis, Hendricks, Indiana 46234  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
- (a) Full name of applicant's father Vernon James McVay  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Buckey Jennie Ratliff  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jo Dee Ratliff Date 7-05-91

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

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Jo Dee Ratliff  
New Address Same as Above  
Subscribed and sworn to before me this 5 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-5-91, authorizing the marriage of Luis Martin Garcia and Jo Dee Ratliff McVay. I further certify that the following marriage certificate was filed in my office: I, Gregory Lee Ratliff (name), certify that on 7-13-91 (date), at Pittsboro in Hendricks County, Indiana, Luis Martin Garcia of Hendricks County Indiana (state), and Jo Dee Ratliff McVay 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 7-13-91. Signed by: /s/ Gregory Lee Ratliff Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-17-91 (date).

Signed Connie Lawson Clerk  
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

No. 340  
File July 8, 1991  
Date of Application

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

Female Applicant 50 No ☐ Yes ☒  
If No, Medical Examination or Report Dated  
Name of Physician None Required

MALE APPLICANT		FEMALE APPLICANT	
Name <u>James E. Mount</u>	Name <u>Gilda R. Crisp</u>	Date of Birth <u>Feb 13 1924</u>	Date of Birth <u>June 5 1929</u>
Place of Birth <u>North Salem, Ind.</u>	Place of Birth <u>Shelby Co. Ind.</u>	Residence Address <u>P.O. Box 22 North Salem, Ind.</u>	Residence Address <u>2432 Southview Ct. Apt. A. Indpls Ind.</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-66</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-78</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce Decree</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father <u>Guy Mount</u> (If adopted, list adoptive parents only) <u>deceased</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Born Co. Ind.</u>	6. (a) Full name of applicant's father <u>William Estel Pexleton</u> (If adopted, list adoptive parents only) <u>deceased</u> Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Penthucoy</u>	(b) Full maiden name of applicant's mother <u>Hattie Hayes</u> (If adopted, list adoptive parents only) <u>deceased</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Born Co. Ind.</u>	(b) Full maiden name of applicant's mother <u>Emelyn Estel Thurston</u> (If adopted, list adoptive parents only) <u>deceased</u> Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u>
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>James E. Mount</u> Date <u>7-8-91</u>		ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Gilda R. Crisp</u> Date <u>7-8-91</u>	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____		The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>James E. Mount</u> New Address <u>P.O. Box 22 North Salem, Ind.</u> Subscribed and sworn to before me this <u>8th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court		State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Gilda R. Crisp</u> New Address <u>Box 22 North Salem, Ind.</u> Subscribed and sworn to before me this <u>8th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____		CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-8-91, authorizing the marriage of James E. Mount and Gilda R. Crisp. I further certify that the following marriage certificate was filed in my office: I, Richard Pinelle (name), certify that on 8-3-91 (date), at 124 Kenwood Circle - Indianapolis in Marion County, Indiana, James E. Mount of Hendricks County Indiana (state), and Gilda R. Crisp of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-91. Signed by: /s/ Richard Pinelli Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-6-91 (date).

Signed Connie Lawson Clerk  
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

No. 341

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

Name William Ray Nicely  
Date of Birth 10 30 31  
Place of Birth (State or foreign country) Ind. Box 2 Clayton Hendricks, Indiana  
Residence Address Kentucky  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 11-85  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Identification Card

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

- (a) Full name of applicant's father James Thomas Nicely  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Ky.  
(b) Full maiden name of applicant's mother Ada Mae DeBord  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Ky.

ACKNOWLEDGMENT

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

Signature of Applicant William Nicely Date 8th July

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed William Nicely  
New Address 260 Mill Run Dr. Apt. 8  
Subscribed and sworn to before me this 8th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name Effie Mae Markel  
Date of Birth 1 17 23  
Place of Birth (State or foreign country) Ohio  
Residence Address 260 Mill Run Dr. Apt. 8 Bedford, Hendricks, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 4-88  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Identification Card

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

- (a) Full name of applicant's father John Frank Johnson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Lillie Alice McKee  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT

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

Signature of Applicant Effie M Markel Date 7-8-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Effie M Markel  
New Address 260 Mill Run Dr. Apt. 8  
Subscribed and sworn to before me this 8th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

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

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



372

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. 342

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 6-10-91  
Name of Physician Dr. Karen Beard, M.D.

MALE APPLICANT	
Name	First Middle Last Kent Charles Roseborough, Jr.
Date of Birth	Month Day Year 11 19 59
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State 3611 Campbell St. Indianapolis, Hendricks, IN
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 2
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 7-91
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Kent Charles Roseborough, Jr., Amberielle Lynn Roseborough</p> <p>6. (a) Full name of applicant's father. Milford Charles Roseborough (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Pa.</p> <p>(b) Full maiden name of applicant's mother. Sarah Schick (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) MO</p>	

FEMALE APPLICANT	
Name	First Middle Last Beth Ann Osmialowski
Date of Birth	Month Day Year 9 10 67
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State Same
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 1
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 5-91
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Brittany Nicole Malosky</p> <p>6. (a) Full name of applicant's father. Stephen J. Malosky (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) PA</p> <p>(b) Full maiden name of applicant's mother. Phyllis Ann Bartkus (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) N. Carolina Birthplace of mother (State or foreign country) PA</p>	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 7-8-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] I swear/affirm that the information given in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 8th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 7-8-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] I swear/affirm that the information given in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 8th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-8-91, authorizing the marriage of Kent C. Roseborough and Beth A. Osmialowski. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-3-91 in Hendricks County, Indiana, (date), at Plainfield in Hendricks County, Indiana, (state), and Kent C. Roseborough of Hendricks County, Indiana, (state), and Beth A. Osmialowski of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-91. Signed by: /s/ Father Stephen J. Malosky, Episcopal Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-6-91 (date).

Signed Connie Lawson Clerk  
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

No. 343

File 7-08-91  
Date of Application

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

MALE APPLICANT			
Name	First	Middle	Last
	Michael	Anthony	Scolaro
Date of Birth	Month	Day	Year
	12	13	67
Place of Birth (State or foreign country)	Indiana		
Residence Address	Street or R.R.	City	County State
	R.R. 1 Box 394	Brookville	Parke, Indiana
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>			
<p>6. (a) Full name of applicant's father <u>Mark Anthony Scolaro</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Chairs Jean Money</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Iowa</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>			

FEMALE APPLICANT			
Name	First	Middle	Last
	Deanna	Maria	Pickel
Date of Birth	Month	Day	Year
	11	26	1970
Place of Birth (State or foreign country)	Indiana		
Residence Address	Street or R.R.	City	County State
	823 Lodge Dr.	Indianapolis	Hendricks, Indiana
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>			
<p>6. (a) Full name of applicant's father <u>Dean Pickel</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ohio</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Guendol Alexander</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>			

ACKNOWLEDGMENT

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

Signature of Applicant X Michael G. Scolaro Date 7-8-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Michael G. Scolaro in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 8th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant X Deanna M. Pickel Date 7-08-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Deanna M. Pickel in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-8-91, authorizing the marriage of Michael A. Scolaro and Deanna M. Pickel. I further certify that the following marriage certificate was filed in my office: I, Dr. Andrew P. Crowley (name), certify that on 7-20-91 (date), at Speedway in Marion County, Indiana, Michael A. Scolaro of Parke County Indiana (state), and Deanna M. Pickel of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Andrew P. Crowley Minister (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 344

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 Edwards

**MALE APPLICANT**

Name First Middle Last  
Michael S. Wilson Jr.

Date of Birth Month Day Year  
8 2 66

Place of Birth (State or foreign country)  
Mississippi

Residence Address Street or R.R. City County State  
311 Rain St. Pitt.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_

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

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

- (a) Full name of applicant's father Michael S. Wilson Sr.  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Raymond MS  
Birthplace of father (State or foreign country) MS
- (b) Full maiden name of applicant's mother Konstance E. Miller  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) MS

**FEMALE APPLICANT**

Name First Middle Last  
Karen M. King

Date of Birth Month Day Year  
12 30 56

Place of Birth (State or foreign country)  
OHIO

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

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-2-84

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

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

- (a) Full name of applicant's father Alan P. Waldeck  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Penn. IN  
Birthplace of father (State or foreign country) OH
- (b) Full maiden name of applicant's mother Mary E. Wilson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) PA

**ACKNOWLEDGMENT**

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

Signature of Applicant Michael S. Wilson Jr. Date \_\_\_\_\_

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Michael S. Wilson Jr.  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 8 day of July, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

**ACKNOWLEDGMENT**

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

Signature of Applicant Karen M. King Date \_\_\_\_\_

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Karen M. King  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 8 day of July, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-8-91, authorizing the marriage of Michael S. Wilson, Jr. and Karen M. King. I further certify that the following marriage certificate was filed in my office: I, Cynthia Maricle Russel (name), certify that on 7-27-91 (date), at Indianapolis in Marion County, Indiana, Michael S. Wilson, Jr. of Hendricks County Indiana (state), and Karen M. King 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 7-27-91. Signed by: /s/ Cynthia Maricle Russell, Judge Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed Connie Dawson Clerk  
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

No. 345

File 7-9-91

Date of Application

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

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

**MALE APPLICANT**

Name Francis Todd Murray  
Date of Birth 6 27 69  
Place of Birth (State or foreign country) TN  
Residence Address 1724 Century Circle N Apt 7 Delph.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lio

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

6. (a) Full name of applicant's father James E. Murray  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indy IN  
Birthplace of father (State or foreign country) Indy IN  
(b) Full maiden name of applicant's mother Mary Martha McDevitt  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indy IN  
Birthplace of mother (State or foreign country) TN

**ACKNOWLEDGMENT**

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

Signature of Applicant Francis Todd Murray Date 7/9/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Francis Todd Murray  
New Address Same as above

Subscribed and sworn to before me this 9 day of 7, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby 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 )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

**FEMALE APPLICANT**

Name Kristene Lynn Walton  
Date of Birth 6 28 69  
Place of Birth (State or foreign country) Indpls IN  
Residence Address 6425 Overbridge W Dr. Payd  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

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

6. (a) Full name of applicant's father James L. Walton  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indy IN  
Birthplace of father (State or foreign country) Indy IN  
(b) Full maiden name of applicant's mother Paula F. Hays  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indy IN  
Birthplace of mother (State or foreign country) Indy IN

**ACKNOWLEDGMENT**

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

Signature of Applicant Kristene L. Walton Date 7/9/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Kristene L. Walton  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 9 day of 7, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby 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 )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-9-91, authorizing the marriage of Francis Todd Murray and Kristene Lynn Walton. I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on 8-3-91 (date), at Plainfield in Hendricks County, Indiana, Francis Todd Murray of Marion County Indiana (state), and Kristene Lynn Walton of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-91. Signed by: /s/ Stephen White, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-22-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 346

File

7-10-91  
Date of Application

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

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

MALE APPLICANT	
Name	First <u>Howard</u> Middle <u>Jacob</u> Last <u>Cummings</u>
Date of Birth	Month <u>5</u> Day <u>6</u> Year <u>29</u>
Place of Birth (State or foreign country)	<u>Kentucky</u>
Residence Address	Street or R.R. <u>3950 N. 1000 E. Lot 131, Brownsburg, Hendricks,</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-21-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Jacob Thomas Cummings</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Mo.</u>
(b) Full maiden name of applicant's mother	<u>Ana May Frelix</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Ky.</u>

FEMALE APPLICANT	
Name	First <u>Mary</u> Middle <u>Elizabeth</u> Last <u>Marsh</u>
Date of Birth	Month <u>5</u> Day <u>9</u> Year <u>25</u>
Place of Birth (State or foreign country)	<u>Michigan</u>
Residence Address	Street or R.R. <u>1118 Willow Springs Blvd, Brownsburg, Hendricks,</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-1-87</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Orlando Campbell</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Ohio</u>
(b) Full maiden name of applicant's mother	<u>Lesta Griffith</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Mi.</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Howard J. Cummings Date 7/10/91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Howard J. Cummings  
New Address 1118 Willow Springs Blvd  
Subscribed and sworn to before me this 10th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Mary E. Marsh Date 7-10-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Mary E. Marsh  
New Address Same  
Subscribed and sworn to before me this 10th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-10-91, 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 (name), certify that on 7-20-91 (date), at Brownsburg in Hendricks County, Indiana, Howard J. Cummings of Hendricks County Indiana (state), and Mary E. Marsh of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Harold D. Simson Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 347

File

7-10-91

Date of Application

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

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

## MALE APPLICANT

Name Todd First Lee Middle Owens Last  
Date of Birth Month 3 Day 02 Year 1965  
Place of Birth (State or foreign country) Indiana  
Residence Address 309 S. Nebraska, North Salem, Hendricks, Indiana 46165  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Cheyenne Owens  
Laramie Owens
- (a) Full name of applicant's father James Lee Owens  
(If adopted, list adoptive parents only.)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Dora Daelene Dale  
(If adopted, list adoptive parents only.)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## FEMALE APPLICANT

Name Paula First K. Middle Owens Last  
Date of Birth Month 8 Day 27 Year 1964  
Place of Birth (State or foreign country) Indiana  
Residence Address 309 South Nebraska North Salem  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1990  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Cheyenne Owens  
Laramie Owens
- (a) Full name of applicant's father Charles W. Pyatte Jr.  
(If adopted, list adoptive parents only.)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) North Carolina  
(b) Full maiden name of applicant's mother Joy Carol Wycoff  
(If adopted, list adoptive parents only.)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Todd Lee Owens Date 7-10-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Todd Lee Owens in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 10 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## ACKNOWLEDGMENT

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

The above applicant has objected to verifying by 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 Paula K. Owens in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 11th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-11-91, authorizing the marriage of Todd Lee Owens and Paula K. Owens. I further certify that the following marriage certificate was filed in my office: I, Rev. Marvin E. Lane (name), certify that on 9-18-91 (date), at Brownsburg in Hendricks County, Indiana, Todd Lee Owens of Hendricks County Indiana (state), and Paula K. Owens of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-91. Signed by: /s/ Rev. M. E. Lane Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 348

File

7-10-91  
Date of Application

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

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

**MALE APPLICANT**

Name Ralph E Holmes  
Date of Birth 6 27 47  
Place of Birth (State or foreign country) Indianapolis Indiana  
Residence Address P.O. Box 392 650 Harlan Plainfield  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

5. List the full names of any dependent children. Trish Holmes  
John Ralph Richard Holmes  
6. (a) Full name of applicant's father Ralph Richard Holmes  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (If deceased, so state) deceased  
Birthplace of father (State or foreign country) \_\_\_\_\_  
(b) Full maiden name of applicant's mother Myra F. Kohles  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (If deceased, so state) Indiana  
Birthplace of mother (State or foreign country) New York

**FEMALE APPLICANT**

Name Carol Marie Samuels  
Date of Birth 3 25 56  
Place of Birth (State or foreign country) Indiana  
Residence Address 12335 Bockville Rd. Indpls In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Social Security Card

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

5. List the full names of any dependent children. Robert Richard Samuels  
Theresa Marie Samuels  
6. (a) Full name of applicant's father Walter A. Gibson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (If deceased, so state) ☒ Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mildred L. Parker  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (If deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

X Signature of Applicant Ralph E Holmes Date 7-10-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

X Signed Ralph E Holmes  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 10th day of July, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

## ACKNOWLEDGMENT

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

X Signature of Applicant Carol M. Samuels Date 7-10-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

X Signed Carol M. Samuels  
New Address P.O. Box 392 Plainfield Ind 46168

Subscribed and sworn to before me this 10th day of July, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-10-91, authorizing the marriage of Ralph E. Holmes and Carol Marie Samuels. I further certify that the following marriage certificate was filed in my office: I, Rev. James D. Clayton (name), certify that on 7-13-91 (date), at Plainfield in Hendricks County, Indiana, Ralph E. Holmes of Hendricks County Indiana (state), and Carol Marie Samuels 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 7-13-91. 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).

Signed Connie Lawson Clerk  
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

No. 349

File

7-10-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-9-91  
Name of Physician John Records MD

MALE APPLICANT	
Name	Mark Allen Jent
Date of Birth	11/26/65
Place of Birth (State or foreign country)	Danville, In.
Residence Address	1145 N. Henry Dr. Indpls, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Driver's Lic
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Norman Glen Jent (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Plainfield, In. Birthplace of father (State or foreign country) Indpls (b) Full maiden name of applicant's mother: Mary Jane Daly (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Plainfield, In. Birthplace of mother (State or foreign country) Indiana</p>	

FEMALE APPLICANT	
Name	Janiene Beth Eccles
Date of Birth	3/20/69
Place of Birth (State or foreign country)	Franklin, In.
Residence Address	1007 West St Plainfield In
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Driver's Lic
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Charles Franklin Eccles (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Plainfield, In. Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother: Rylee June Chamberlain (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Plainfield, In. Birthplace of mother (State or foreign country) Indiana</p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	Mark A. Jent Date 7-10-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed Mark A. Jent	
New Address	
Subscribed and sworn to before me this day of 19	
Connie Lawson Clerk of the HENDRICKS Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	Janiene B. Eccles Date 7-10-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed Janiene B. Eccles	
New Address 1145 N. Henry Dr. Indpls 46234	
Subscribed and sworn to before me this day of 19	
Connie Lawson Clerk of the HENDRICKS Circuit Court	

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-10-91, authorizing the marriage of 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 Hedricks County, Indiana, (state), and Mark Allen Jent of Hedricks 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 7-10-91. Signed by: /s/ Rev. John C. Parsley Baptist Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-5-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 350  
File \_\_\_\_\_  
Date of Application 7-10-91HENDRICKS 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 7-29-91  
Name of Physician Robert K. Stirling

MALE APPLICANT		FEMALE APPLICANT	
Name <u>David</u> First <u>Theodore</u> Middle <u>Birkla</u> Last	Name <u>Sherry</u> First <u>Ann</u> Middle <u>Winkle</u> Last	Date of Birth <u>11</u> Month <u>6</u> Day <u>46</u> Year	Date of Birth <u>7</u> Month <u>13</u> Day <u>52</u> Year
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Residence Address <u>4425 Dan Jones Rd, Bedford, Hendricks, IN</u>	Residence Address <u>Same</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u>	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>88</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-91</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>David Daniel Birkla</u></p> <p>6. (a) Full name of applicant's father <u>Theodore Birkla</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Shirley Evangeline Swift</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>David S. Birkla</u> Date <u>7/10/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>David S. Birkla</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>10th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Sherry A. Winkle</u> Date <u>7/10/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>Sherry A. Winkle</u> New Address _____ Subscribed and sworn to before me this <u>10th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ID # _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ID # _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-10-91, authorizing the marriage of David Theodore Birkla and Sherry Ann Winkle. I further certify that the following marriage certificate was filed in my office: I, Basil L. Shumaker (name), certify that on 7-13-91 (date), at 4425 Dan Jones Road in Hendricks County, Indiana, David Theodore Birkla of Hendricks County Indiana (state), and Sherry Ann Winkle 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 7-13-91. Signed by: /s/ Basil L. Shumaker, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-16-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 351

File

7-11-91  
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 7-3-91  
Name of Physician Dr. Philip Batista, M.D.

MALE APPLICANT	
Name	Christopher Noel Baker
Date of Birth	3/6/69
Place of Birth (State or foreign country)	Indiana
Residence Address	5240 Winterburg Circle, Apt. A-202, Marion, Indiana
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Divorce License
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	
6. (a) Full name of applicant's father	John Clarence Baker
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	Indiana
Birthplace of father (State or foreign country)	Texas
(b) Full maiden name of applicant's mother	Lora Jean Noel
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	Indiana
Birthplace of mother (State or foreign country)	Indiana

FEMALE APPLICANT	
Name	Julie Kathleen Wagner
Date of Birth	10/30/70
Place of Birth (State or foreign country)	Indiana
Residence Address	38 Kings Ct., Danville, Hendricks, IN
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	
6. (a) Full name of applicant's father	Robert Lee Wagner
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	Indiana
Birthplace of father (State or foreign country)	Indiana
(b) Full maiden name of applicant's mother	Mary Ann Michler
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	Indiana
Birthplace of mother (State or foreign country)	Mississippi

ACKNOWLEDGMENT

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

Signature of Applicant Christopher N. Baker Date July 11, 1991

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Christopher N. Baker  
New Address 47 W. Main St. Brownsburg, IN

Subscribed and sworn to before me this 11th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Julie K. Wagner Date July 11, 1991

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Julie K. Wagner  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 11th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-11-91, authorizing the marriage of Christopher N. Baker and Julie Kathleen Wagner. I further certify that the following marriage certificate was filed in my office: I, Steve L. Kent (name), certify that on 7-27-91 (date), at Brownsburg in Hendricks County, Indiana, Christopher N. Baker of Hendricks County Indiana (state), and Julie Kathleen Wagner 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 7-27-91. Signed by: /s/ Steve L. Kent Minister (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-31-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 352

File

7-11-91  
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 7-8-91  
Name of Physician Wm. Edwards M.D.

MALE APPLICANT	
Name	First <u>Terry</u> Middle <u>Lee</u> Last <u>Benge</u>
Date of Birth	Month <u>11</u> Day <u>10</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1471 E. Township Line Rd.</u> City <u>Deerfield</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u> 6. (a) Full name of applicant's father <u>Fred Junior Benge</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Ellen Marie Covert</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Arkansas</u>	

FEMALE APPLICANT	
Name	First <u>Stacey</u> Middle <u>Lynn</u> Last <u>Murray</u>
Date of Birth	Month <u>3</u> Day <u>21</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u> 6. (a) Full name of applicant's father <u>Harold Mackie Murray</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Virginia</u> (b) Full maiden name of applicant's mother <u>Jane Ann Cooper</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Terry Lee Benge Date 07/11/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Terry Lee Benge in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 11th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Stacey L. Murray Date 7-11-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Stacey L. Murray in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 11th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-11-91, authorizing the marriage of Terry Lee Benge and Stacey Lynn Murray. I further certify that the following marriage certificate was filed in my office: (name), certify that on August 3rd, 1991 in Johnson County, Indiana, (date), at Bargersville in Indiana (state), and Terry Lee Benge 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 7-13-91. Signed by: /s/ John H. Porter Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-6-91 (date).

Signed Connie Lawson Clerk  
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

No. 353  
File \_\_\_\_\_  
Date of Application 7-12-91

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. Robert Halvay

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Kelly</u>	<u>B.</u>	<u>Rivers</u>	
Date of Birth	Month	Day	Year	
	<u>6</u>	<u>17</u>	<u>59</u>	
Place of Birth (State or foreign country)	<u>IN</u>			
Residence Address	Street or R.R.	City	County	State
	<u>7914 Ridgeway W. Dr.</u>	<u>Indpls.</u>		
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Charles Otto Rivers</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Frances May Stewart</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u></p>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Sarah</u>	<u>E.</u>	<u>Cooper</u>	
Date of Birth	Month	Day	Year	
	<u>2</u>	<u>23</u>	<u>61</u>	
Place of Birth (State or foreign country)	<u>IN</u>			
Residence Address	Street or R.R.	City	County	State
	<u>26 Burns Dr.</u>	<u>Bloomg</u>		
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Richard Winston Cooper</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Bloomg Ind.</u> Birthplace of father (State or foreign country) <u>Ind.</u> (b) Full maiden name of applicant's mother <u>Elizabeth Jean Britton</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Bloomg Ind.</u> Birthplace of mother (State or foreign country) <u>Ind.</u></p>				

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Kelly B Rivers</u> Date <u>7-12-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: _____ in this application is true and correct.
Signed	<u>X Kelly B Rivers</u>
New Address	<u>7914 RIDGEWAY W. DR. INDPS. IN 46268</u>
Subscribed and sworn to before me this	<u>12</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Sarah E. Cooper</u> Date <u>7/12/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: _____ in this application is true and correct.
Signed	<u>X Sarah E. Cooper</u>
New Address	<u>7914 RIDGEWAY W. DR. INDPS. IN 46268</u>
Subscribed and sworn to before me this	<u>12</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-12-91, authorizing the marriage of Kelly B. Rivers and Sarah E. Cooper. I further certify that the following marriage certificate was filed in my office: I, Steven Reeves (name), certify that on 7-20-91 (date), at Brownsburg Christian Church in Hendricks County, Indiana, Kelly B. Rivers of Marion County Indiana (state), and Sarah E. Cooper of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-12-91. Signed by: /s/ Steven T. Reeves Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-23-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 354  
File \_\_\_\_\_  
Date of Application 7-12-91HENDRICKS 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. Smith

MALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>1</u>			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/>	Date <u>1-28-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Gray Jones
- (a) Full name of applicant's father Ronald James Boes  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Greenfield IN  
Birthplace of father (State or foreign country) IND  
(b) Full maiden name of applicant's mother Bette Rae Foster  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Sang  
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/>	Date <u>1-28-88</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father John J. Swafford  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Danville  
Birthplace of father (State or foreign country) IND  
(b) Full maiden name of applicant's mother Eraine Mae Libel  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) IND

ACKNOWLEDGMENT

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

Signature of Applicant X [Signature] Date 7-12-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X [Signature] in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

ACKNOWLEDGMENT

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

Signature of Applicant X Catherine J. Swafford Date 7-12-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Catherine J. Swafford in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-12-91, authorizing the marriage of David Owen Boes and Catherine June Swafford. I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on 7-27-91 (date), at Danville in Hendricks County, Indiana, David Owen Boes of Marion County Indiana (state), and Catherine June Swafford 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 7-27-91. Signed by: /s/ John P. Roof, Episcopal Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-29-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 355

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 6-11-91  
Name of Physician Timothy Feeney, M.D.

## MALE APPLICANT

Name First Middle Last  
Christopher Joseph Cooper  
Date of Birth Month Day Year  
10 7 70  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
R.R. 1 Box 61K Pittsboro, In. (Hendricks)  
Previous Marital Status: 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

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

- (a) Full name of applicant's father: Derald K. Cooper  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) W. Virginia  
(b) Full maiden name of applicant's mother: Sharon E. King  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Christopher J. Cooper Date 7-12-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS \_\_\_\_\_  
Signed X Christopher J. Cooper  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 12th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS \_\_\_\_\_ ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

## FEMALE APPLICANT

Name First Middle Last  
Lisa Kay Hartman  
Date of Birth Month Day Year  
9 7 71  
Place of Birth (State or foreign country) Texas  
Residence Address Street or R.R. City County State  
201 Center St. North Salem, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father: Steven Lemar Hartman  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother: Barbara Jo Frazier  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Lisa Kay Hartman Date 7-12-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS \_\_\_\_\_  
Signed X Lisa Kay Hartman  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 12th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS \_\_\_\_\_ ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-12-91, 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 7-13-91 (date), at Brownsburg in Hendricks County, Indiana, Christopher J. Cooper of Hendricks County, Indiana (state), and Lisa K. Hartman 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 7-13-91. Signed by: /s/ Larry L. Bellville Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-17-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 356

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 3-22-91  
Name of Physician Dr. Jon Fisch, MD

MALE APPLICANT			
Name	First	Middle	Last
	Curtis	Neal	Bledsoe
Date of Birth	Month	Day	Year
	11	28	45
Place of Birth (State or foreign country)	Virginia		
Residence Address	Street or R.R.	City	County State
	R.R. 1 Box 304	Clayton	Hendricks, Indiana
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 3		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/> Date 7-90
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Mary Elizabeth Bledsoe</p> <p>6. (a) Full name of applicant's father Richard Bledsoe (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Deceased Birthplace of father (State or foreign country) Virginia (b) Full maiden name of applicant's mother Mary Lou Marsingil (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Virginia Birthplace of mother (State or foreign country) Georgia</p>			

FEMALE APPLICANT			
Name	First	Middle	Last
	Vivian	Loretta	Stout
Date of Birth	Month	Day	Year
	5	18	48
Place of Birth (State or foreign country)	IA		
Residence Address	Street or R.R.	City	County State
	R.R. 1 Box 304	Clayton	Hendricks, Indiana
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 2		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/> Date 88'
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic.		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. —</p> <p>6. (a) Full name of applicant's father Joe Harvey Sanders (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Deceased Birthplace of father (State or foreign country) OK (b) Full maiden name of applicant's mother Rita Clare Moten (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) OK Birthplace of mother (State or foreign country) OK</p>			

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Curtis N. Bledsoe Date 7/12/91  
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 \_\_\_\_\_

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Vivian L. Stout Date 7/12/91  
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS )  
Signed X Curtis N. Bledsoe  
New Address Same  
Subscribed and sworn to before me this 12th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana )  
County of HENDRICKS )  
Signed X Vivian L. Stout  
New Address  
Subscribed and sworn to before me this 12th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 7-12-91, authorizing the marriage of Curtis Neal Bledsoe and Vivian Loretta Stout. I further certify that the following marriage certificate was filed in my office: I, Rev. James D. Clayton (name), certify that on 7-14-91 (date), at Indianapolis in Marion County, Indiana, Curtis Neal Bledsoe of Hendricks County Indiana (state), and Vivian Loretta Stout 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 7-14-91. 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).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 357

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 Dr. M. B. Deane Hask, M.D.

## MALE APPLICANT

Name Mark First Anthony Middle Stahl Last  
Date of Birth 3 Month 26 Day 72 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 233 S. Rural St. Elletts, Marion, In. Street or R.R. Elletts City Marion County In. State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

- (a) Full name of applicant's father Stephen A. Stahl, Sr.  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Florida  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Heraldine Deal  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Ky.

## ACKNOWLEDGMENT

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

Signature of Applicant X Mark Stahl Date 7/12/91

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

Clerk of Court Connie Lawson Date 7/12/91

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

Signed X Mark Stahl  
New Address

Subscribed and sworn to before me this 12th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father — ID # —  
Mother — ID # —

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

## FEMALE APPLICANT

Name Amy First Kathryn Middle Pirtle Last  
Date of Birth 4 Month 16 Day 73 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 1508 W. Main, Elletts, Hendricks, In. Street or R.R. Elletts City Hendricks County In. State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

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

- (a) Full name of applicant's father Morris Lee Pirtle  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Ethel Lucile Lashford  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant X Amy K. Pirtle Date 7/12/91

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

Clerk of Court Connie Lawson Date 7/12/91

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

Signed X Amy K. Pirtle  
New Address

Subscribed and sworn to before me this 12th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss:

Father — ID # —  
Mother — ID # —

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-12-91, authorizing the marriage of Mark Anthony Stahl and Amy Kathryn Pirtle. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 7-19-91 (date), at Danville in Hendricks County, Indiana, Mark Anthony Stahl of Marion County Indiana (state), and Amy Kathryn Pirtle 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 7-19-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-19-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 358

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Joe Kerlin, M.D.

MALE APPLICANT	
Name	First <u>Jonathan</u> Middle <u>Charles</u> Last <u>McDugle</u>
Date of Birth	Month <u>3</u> Day <u>14</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Ohio</u>
Residence Address	Street or R.R. <u>930 Sunset Dr.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Gerald Eugene McDugle</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Illinois</u>
(b) Full maiden name of applicant's mother.	<u>Jamie Carol Davis</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>deceased</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Tammy</u> Middle <u>Jean</u> Last <u>Leach</u>
Date of Birth	Month <u>4</u> Day <u>9</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>275 W. Wayne St.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Russell Kent Leach</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Mrs. Jean Webb</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Jonathan C. McDugle Date 7-15-91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Jonathan C. McDugle in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Tammy Leach Date 7/15/91

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Tammy Leach in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-15-91, authorizing the marriage of Jonathan Charles McDugle and Tammy Jean Leach. I further certify that the following marriage certificate was filed in my office: I, Rev. Ronald E. McDugle (name), certify that on 7-20-91 (date), at Danville in Hendricks County, Indiana, Jonathan Charles McDugle of Hendricks County Indiana (state), and Tammy Jean Leach of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-20-91. Signed by: /s/ Rev. Ronald E. McDugle Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-24-91 (date).

Signed Connie Lawson Clerk  
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

No. 359

File 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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Eric Clark, M.D.

MALE APPLICANT

Name David First Winson Middle Wooden Last  
Date of Birth 7 Month 14 Day 28 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 604 Ironwood, Plainfield, Hendricks, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 1-17-84  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father Claude Wooden  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Virginia Higgerbothen  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) W. Virginia

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David W. Wooden Date 7-15-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed David W. Wooden In this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

FEMALE APPLICANT

Name Claudia First Jean Middle Kern Last  
Date of Birth 8 Month 10 Day 43 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 330 Lincoln St. Danville, Hendricks, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 9-9-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father Herman Estel Wall  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Helen Louise Elkins  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Claudia J. Kern Date 7-15-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Claudia J. Kern In this application is true and correct.  
New Address same  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-15-91, authorizing the marriage of David Winson Wooden and Claudia Jean Kern. I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on 8-3-91 (date), at Danville in Hendricks County, Indiana, David Winson Wooden of Hendricks County Indiana (state), and Claudia Jean Kern of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-91. 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 Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 360

File

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

## MALE APPLICANT

Name Lloyd Fred Scidmore  
Date of Birth 10 9 37  
Place of Birth (State or foreign country) Minneapolis Mn.  
Residence Address 22495 Kingsbury Dr. Pittsboro, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

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

List the full names of any dependent children.  
Dawn Scidmore 12 yrs.

- Full name of applicant's father Fred Abner Scidmore  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Nalcombe, Miss  
Birthplace of father (State or foreign country) Miss
- Full maiden name of applicant's mother Marie Marie Bodrucker  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Nalcombe Miss  
Birthplace of mother (State or foreign country) Miss

## FEMALE APPLICANT

Name Linda Gay Anderson  
Date of Birth 7 28 39  
Place of Birth (State or foreign country) 22495 Kingsbury Dr. Pittsboro, In.  
Residence Address Charleston, Ms.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been 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 ☐

- Full name of applicant's father Lloyd Hallingworth  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Speedway In.  
Birthplace of father (State or foreign country) Ms.
- Full maiden name of applicant's mother Luice Fay Shannon  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Speedway In.  
Birthplace of mother (State or foreign country) Ms.

## ACKNOWLEDGMENT

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

The above applicant has objected to verifying by 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 Lloyd F. Scidmore  
New Address Same  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## ACKNOWLEDGMENT

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

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

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Linda Anderson  
New Address Same  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-15-91, authorizing the marriage of Lloyd Fred Scidmore and Linda Gay Anderson. I further certify that the following marriage certificate was filed in my office: I, B. Frank Ciampa (name), certify that on 8-17-91 (date), at 6:30 PM in Pittsboro in Hendricks County, Indiana, Lloyd F. Scidmore of Hendricks County Indiana (state), and Linda G. Anderson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-17-91. Signed by: /s/ B. Frank Ciampa Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-11-91 (date).

Signed Connie Lawson Clerk  
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

No. 361

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-11-91  
Name of Physician Dr. Clark, M.D.

MALE APPLICANT	
Name	First <u>Mark</u> Middle <u>Maurice</u> Last <u>Wells</u>
Date of Birth	Month <u>7</u> Day <u>18</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>R. 2 Box 310A</u> City <u>Clayton</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Maurice Eugene Wells</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Sandra Joan Metzger</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Pennsylvania</u>

FEMALE APPLICANT	
Name	First <u>Catherine</u> Middle <u>Kay</u> Last <u>VanNess</u>
Date of Birth	Month <u>7</u> Day <u>7</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>200 Adams</u> City <u>Danville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Richard Howard VanNess</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>England</u>
(b) Full maiden name of applicant's mother.	<u>Sandra Kay Swinney</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Mark Wells Date 7-15-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Mark Wells 7-15-91  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Catherine B. VanNess Date 7-15-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Catherine B. VanNess  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-15-91, authorizing the marriage of Mark Maurice Wells and Catherine Kay VanNess. I further certify that the following marriage certificate was filed in my office: I, Stephen Lane (name), certify that on 7-16-91 (date), at 7-16-91 in Morgan County, Indiana, Mark Maurice Wells of Hendricks County Indiana (state), and Catherine Kay VanNess 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 7-16-91. Signed by: /s/ Stephen Lane Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-23-91 (date).

Signed Connie Lawson Clerk  
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

No. 362

File \_\_\_\_\_

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-15-91  
Name of Physician Dr. David Haggard

MALE APPLICANT	FEMALE APPLICANT
Name <u>Stephen Arthur Robbins</u>	Name <u>Roberta Lynn Bridges</u>
Date of Birth <u>12/29/51</u>	Date of Birth <u>9/11/62</u>
Place of Birth (State or foreign country) <u>Nebraska</u>	Place of Birth (State or foreign country) <u>Indiana</u>
Residence Address <u>24 Orchard Lane, Danville, Hendricks, IN.</u>	Residence Address <u>Same</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-20-90</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-8-86</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father <u>Gary William Robbins</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Nebraska</u> Birthplace of father (State or foreign country) <u>Nebraska</u> (b) Full maiden name of applicant's mother <u>Thyllis Jean Marsh</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Nebraska</u> Birthplace of mother (State or foreign country) <u>Missouri</u>	6. (a) Full name of applicant's father <u>Robert Demaree Bridges</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Louis Adell Anderson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Stephen Robbins</u> Date <u>7-15-91</u>	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Roberta L. Bridges</u> Date <u>7-15-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Stephen Robbins</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>15th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Roberta L. Bridges</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>15th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-15-91, authorizing the marriage of Stephen A. Robbins and Roberta L. Bridges. I further certify that the following marriage certificate was filed in my office: I, A. W. Farnsworth IV (name), certify that on 9-7-91 (date), at Danville in Hendricks County, Indiana, Stephen A. Robbins of Hendricks County Indiana (state), and Roberta L. Bridges of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91. Signed by: /s/ A. W. Farnsworth IV Clergy (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-12-91 (date).

Signed \_\_\_\_\_ Clerk  
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

No. 363  
File \_\_\_\_\_  
Date of Application 7-16-91

HENDRICKS County

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

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

MALE APPLICANT		FEMALE APPLICANT	
Name	<u>Brian Wesley Vaughan</u>	Name	<u>Eloie Joan Luft</u>
Date of Birth	<u>2</u> Month <u>6</u> Day <u>61</u> Year	Date of Birth	<u>2</u> Month <u>27</u> Day <u>40</u> Year
Place of Birth (State or foreign country)	<u>Illinois</u>	Place of Birth (State or foreign country)	<u>Kansas</u>
Residence Address	<u>1602 N. Raceway Rd. Indianapolis, Hendricks, IN</u>	Residence Address	<u>Same</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>		Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-29-90</u>		Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-17-85</u>	
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>		Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Bryan Michael Vaughan, Rachel Marie Vaughan, Kirsten Nichole Vaughan.</u></p> <p>6. (a) Full name of applicant's father <u>Jack Charles Vaughan</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Missouri</u> (b) Full maiden name of applicant's mother <u>Margaret Lois Hall</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Illinois</u></p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Caroline, Ulrich (Luft)</u></p> <p>6. (a) Full name of applicant's father <u>Dudolph Balogh Gilbo</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Kansas</u> (b) Full maiden name of applicant's mother <u>Josephine Elizabeth Kern</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Minnesota</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Brian W. Vaughan</u> Date <u>7/16/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Brian W. Vaughan</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>16th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>E. Joan Luft</u> Date <u>7/16/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>E. Joan Luft</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>16th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-16-91, authorizing the marriage of 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 (name), certify that on 8-24-91 (date), at Indianapolis in Marion County, Indiana, Brian W. Vaughan of Hendricks County Indiana (state), and E. Joan Luft of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91. 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 8-28-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 364

File

7-16-91  
Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-16-91  
Name of Physician Dr. Wm. Edwards, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name: <u>Matthew Scott Realey</u></p> <p>Date of Birth: <u>7</u> / <u>1</u> / <u>68</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>5724 Port Lillian Apt. C, Indpls, Marion, IN</u></p> <p>Previous Marital Status: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> OR No. of Previous Marriages</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date</p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father: <u>Billie K. Realey</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Minerva A. Shepherd</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	<p>Name: <u>Carolyn Sue Poole</u></p> <p>Date of Birth: <u>5</u> / <u>7</u> / <u>68</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>10207 W. Stafford Rd, Indpls, Hendricks, In.</u></p> <p>Previous Marital Status: <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> OR No. of Previous Marriages</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date</p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father: <u>Hollis M. Poole</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother: <u>Ortha A. Wade</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>
<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Matthew S. Realey</u> Date: <u>7/16/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed: <u>Matthew S. Realey</u> in this application is true and correct. New Address: _____ Subscribed and sworn to before me this <u>16th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Carolyn L. Poole</u> Date: <u>7/16/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed: <u>Carolyn L. Poole</u> in this application is true and correct. New Address: _____ Subscribed and sworn to before me this <u>16th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;"><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p style="text-align: center;"><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-16-91, authorizing the marriage of Matthew Scott Realey and Carolyn Sue Poole. I further certify that the following marriage certificate was filed in my office: I, Robert Felton Carter (name), certify that on 7-19-91 (date), at Indianapolis in Marion County, Indiana, Matthew Scott Realey of Marion County Indiana (state), and Carolyn Sue Poole 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 7-19-91. Signed by: /s/ Dr. Robert Felton Carter Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 365

File

7-17-91

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 7-17-91  
Name of Physician Dr. Wm. Edwards

## MALE APPLICANT

Name First Middle Last  
Kenneth Lee Norrington  
Date of Birth Month Day Year  
12 29 66  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
2144 Ashmala Dr. Ellettsburg, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father John Kenneth Norrington  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Patricia E. Cooper  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant X Kenneth Lee Norrington Date 7-17-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed X Kenneth Lee Norrington  
New Address Same  
Subscribed and sworn to before me this 17th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## FEMALE APPLICANT

Name First Middle Last  
Joyce Lynn Scott  
Date of Birth Month Day Year  
5 12 66  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
Same  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

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

- (a) Full name of applicant's father Gerald Edwin Scott  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Patricia Ann Hunt  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

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

Signature of Applicant X Joyce Lynn Scott Date 7/17/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed X Joyce Lynn Scott  
New Address Same  
Subscribed and sworn to before me this 17th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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, Kenneth L. Norrington of 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. Signed by: /s/ Rev. William P. Hendricks Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-5-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 366  
File \_\_\_\_\_  
Date of Application 7-17-91HENDRICKS 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 Peter McLaughlin

MALE APPLICANT	FEMALE APPLICANT
Name <u>Nicky</u> First <u>Dean</u> Middle <u>Blakley</u> Last	Name <u>Sheila</u> First <u>Ann</u> Middle <u>Wheeler</u> Last
Date of Birth <u>2</u> Month <u>2</u> Day <u>61</u> Year	Date of Birth <u>5</u> Month <u>4</u> Day <u>59</u> Year
Place of Birth (State or foreign country) <u>Ind</u>	Place of Birth (State or foreign country) <u>Ind</u>
Residence Address <u>Same</u> Street or R.R. City County State	Residence Address <u>R.R. 1 Box 192</u> City <u>Lanesville</u> County <u>Ind</u> State
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-13-91</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>236667407 Ar Lic #</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Ar Lic #</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Damon Niles Blakley</u> <u>Nichole Grace Blakley</u> 6. (a) Full name of applicant's father. <u>Jacob Esau Blakley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Ind</u> (b) Full maiden name of applicant's mother. <u>Mary Margaret Peterson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Ind</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Brandi Marie Byrne</u> 6. (a) Full name of applicant's father. <u>Harvey Junior Wheeler</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Ind</u> (b) Full maiden name of applicant's mother. <u>William Gene Wilson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>VA</u>
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Nicky D Blakley</u> Date <u>7-17-91</u>	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Sheila A Wheeler</u> Date <u>7-17-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>Nicky D Blakley</u> New Address _____ Subscribed and sworn to before me this <u>17</u> day of <u>7</u> , 19 <u>91</u> <u>Ronnie Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>Sheila A Wheeler</u> New Address <u>Same as above</u> Subscribed and sworn to before me this <u>17</u> day of <u>7</u> , 19 <u>91</u> <u>Ronnie Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 NICKY DEAN BLAKLEY and SHEILA ANN WHEELER. I further certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE (name), certify that on 7-17-91 (date), at DANVILLE in HENDRICKS County, Indiana, NICKY DEAN BLAKLEY of HENDRICKS County IN (state), and SHEILA ANN WHEELER of HENDRICKS County IN (state) were 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. Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 7-17-91 (date).

Signed Ronnie Spence Clerk  
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

No. 367

File 7-18-91

Date of Application

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

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician B. E. Widdigfield

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Christopher</u>	<u>A.</u>	<u>Taylor</u>	
Date of Birth	Month	Day	Year	
	<u>12</u>	<u>3</u>	<u>69</u> 21	
Place of Birth (State or foreign country)				
<u>PA</u>				
Residence Address	Street or R.R.	City	County	State
<u>Same →</u>				
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>Same →</u>				
6. (a) Full name of applicant's father <u>Edward A. Taylor</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Charlotte D.C.</u> Birthplace of father (State or foreign country) <u>PA</u>				
(b) Full maiden name of applicant's mother <u>Jude J. Edgar</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>New Castle IN</u> Birthplace of mother (State or foreign country) <u>PA</u>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Laura</u>	<u>E.</u>	<u>Hodge</u>	
Date of Birth	Month	Day	Year	
	<u>10</u>	<u>3</u>	<u>65</u> 25	
Place of Birth (State or foreign country)				
<u>IN</u>				
Residence Address	Street or R.R.	City	County	State
<u>6712 E. US 36 Danville IN</u>				
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-23-84</u>				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>Christine A. Taylor</u>				
6. (a) Full name of applicant's father <u>William Walters</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>P</u> Birthplace of father (State or foreign country) <u>IN</u>				
(b) Full maiden name of applicant's mother <u>Nancy E. Hogue</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indpls IN</u> Birthplace of mother (State or foreign country) <u>IN</u>				

ACKNOWLEDGMENT

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

Signature of Applicant Christopher A. Taylor Date \_\_\_\_\_

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Christopher A. Taylor

New Address \_\_\_\_\_

Subscribed and sworn to before me this 18 day of 7, 19 91

Connie Spence Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Laura E. Hodge Date \_\_\_\_\_

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

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

Signed Laura E. Hodge

New Address \_\_\_\_\_

Subscribed and sworn to before me this 18 day of 7, 19 91

Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_

Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_

Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

\_\_\_\_\_  
Clerk

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-18-91, authorizing the marriage of Christopher A. Taylor and Laura E. Hodge. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 7-18-91 (date), at Danville in Hendricks County, Indiana, Christopher A. Taylor of Hendricks County Indiana (state), and Laura E. Hodge 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 7-18-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Spence Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 368

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-19-91  
Name of Physician Dr. Wm. Edwards, MD

MALE APPLICANT	
Name	First <u>Scott</u> Middle <u>Patrick</u> Last <u>Imhausen</u>
Date of Birth	Month <u>11</u> Day <u>19</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 268</u> City <u>Clayton</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>-</u>
6. (a) Full name of applicant's father	<u>Clarence Edward Imhausen</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Linda Lorraine Campbell</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Gina</u> Middle <u>Rene</u> Last <u>Love</u>
Date of Birth	Month <u>9</u> Day <u>15</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 268</u> City <u>Clayton</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>-</u>
6. (a) Full name of applicant's father	<u>Donald Chester Love</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Deanna Carol Coffman</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Scott Imhausen Date 7-19-91

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 7-19-91

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Scott Imhausen  
New Address Same  
Subscribed and sworn to before me this 19th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Gina Love Date 7-19-91

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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Gina Love  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-91, authorizing the marriage of Scott Patrick Imhausen and Gina Rene Love. I further certify that the following marriage certificate was filed in my office: I, Charles Elston (name), certify that on 8-10-91 (date), at Plainfield in Hendricks County, Indiana, Scott Patrick Imhausen of Hendricks County Indiana (state), and Gina Rene Love of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Charles Elston, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-13-91 (date).

Signed Connie Lawson Clerk  
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

No. 369

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Harris, M.D.

## MALE APPLICANT

Name Robert First Anthony Middle Vickers Last  
Date of Birth 3 Month 24 Day 67 Year  
Place of Birth (State or foreign country) Georgia  
Residence Address 507 S. 4th St. Terre Haute, Vigo, Indiana Street or R.R. #8 City Terre Haute County Vigo State Indiana  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

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

- (a) Full name of applicant's father Sydney George Vickers III  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Mass.  
Birthplace of father (State or foreign country) New York  
(b) Full maiden name of applicant's mother Jeanne Roberts Woodson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Mass.  
Birthplace of mother (State or foreign country) Mass.

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Robert Vickers Date 7/19/91

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

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Robert Vickers  
New Address Same  
Subscribed and sworn to before me this 19th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

## FEMALE APPLICANT

Name Leslie First Ann Middle Dardeen Last  
Date of Birth 3 Month 13 Day 69 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 508 Appleway Dr. Danville, Hendricks, IN Street or R.R. \_\_\_\_\_ City Danville County Hendricks State IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

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

- (a) Full name of applicant's father Marcel Leslie Dardeen  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Jerry Lee Taylor  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Leslie Dardeen Date 7-19-91

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

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Leslie Dardeen  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

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

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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-91, authorizing the marriage of Robert A. Vickers and Leslie A. Dardeen. I further certify that the following marriage certificate was filed in my office: 8-3-91  
I, Michael L. Dardeen (name), certify that on \_\_\_\_\_ in Hendricks County, Indiana, \_\_\_\_\_  
(date), at Northview Christian Church of Plymouth County Massachusetts (state), and \_\_\_\_\_  
Robert A. Vickers of Hendricks County Indiana (state) were married by me as authorized  
Leslie A. Dardeen of \_\_\_\_\_ County \_\_\_\_\_ (state) were married by me as authorized  
under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-91  
Signed by: /s/ Michael L. Dardeen Lay-Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-5-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 370

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Spencer Pediatrics

MALE APPLICANT	
Name	First Middle Last <u>Donald Andrew Adkins</u>
Date of Birth	Month Day Year <u>1 10 70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. City County State <u>120 William Dr. Apt. K. Brownsburg Hendricks, IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Bex Dwayne Adkins</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ky.</u></p> <p>(b) Full maiden name of applicant's mother <u>Patricia Ann Turpin</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First Middle Last <u>Kelly Ann Reid</u>
Date of Birth	Month Day Year <u>10 16 69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. City County State <u>9410 Babaway Indianapolis Hendricks, IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Kenneth Brantall Reid</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ky.</u></p> <p>(b) Full maiden name of applicant's mother <u>Sarah Kathleen Haze</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant Donald A. Adkins Date 7-19-91

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 \_\_\_\_\_

ACKNOWLEDGMENT

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

Signature of Applicant Kelly Ann Reid Date 7-19-91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Donald A. Adkins in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 19th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Kelly Ann Reid in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of 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 \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

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

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

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-91, authorizing the marriage of Donald Andrew Adkins and Kelly Ann Reid. I further certify that the following marriage certificate was filed in my office: I, \_\_\_\_\_ (name), certify that on 8-10-91 (date), at 2:30 pm Indianapolis in Marion County, Indiana, Donald Andrew Adkins of Marion County Indiana (state), and Kelly Ann Reid of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ William Rash, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-28-91 (date).

Signed Connie Lawson Clerk  
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

No. 371

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Donald P. Johnson

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>R.</u> Last <u>Biddle</u>
Date of Birth	Month <u>11</u> Day <u>17</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence-Address	Street or R.R. <u>R2 Box 20</u> City <u>Monrovia</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Robert D. Biddle</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Monrovia IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Georgianna Noggle</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

FEMALE APPLICANT	
Name	First <u>Antoinette</u> Middle <u>M.</u> Last <u>Vetch</u>
Date of Birth	Month <u>3</u> Day <u>7</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Colorado</u>
Residence-Address	Street or R.R. <u>303 Green St.</u> City <u>Piñon</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Michael A. Vetch</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Spearfish SD</u> Birthplace of father (State or foreign country) <u>SD</u> (b) Full maiden name of applicant's mother <u>Elizabeth L. Rokuseck</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>SD</u></p>	

ACKNOWLEDGMENT

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

Signature of Applicant Michael R. Biddle Date 7/19/91

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

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Michael R. Biddle in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19 day of 7, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

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

Signature of Applicant Antoinette M. Vetch Date 7/19/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Antoinette M. Vetch in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19 day of 7, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-19-91, authorizing the marriage of Michael R. Biddle and Antoinette M. Vetch. I further certify that the following marriage certificate was filed in my office: I, David Berthold (name), certify that on 8-10-91 (date), at Indianapolis in Marion County, Indiana, Michael R. Biddle of Morgan County Indiana (state), and Antoinette M. Vetch of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ David Berthold Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-13-91 (date).

Signed Connie Lawson Clerk  
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

No. 372

File 7-22-91

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 6-27-91  
Name of Physician Dr. Philip Batista, MD

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Lee</u> Last <u>Purcell</u>
Date of Birth	Month <u>6</u> Day <u>26</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>2334 School Creek Ln</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father William Richard Purcell  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sherry Dixon  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X William Purcell Date 7-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X William Purcell  
New Address Same  
Subscribed and sworn to before me this 22nd day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

FEMALE APPLICANT	
Name	First <u>Cathy</u> Middle <u>Jo</u> Last <u>Schutte</u>
Date of Birth	Month <u>1</u> Day <u>21</u> Year <u>72</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>6466 Whitehaven Rd, Apt. 307</u> City <u>Indpls</u> County <u>Marion</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father William Lawrence Schutte  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Norma Jean Dillbone  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Cathy Schutte Date 7-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Cathy Schutte  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22nd day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-22-91, authorizing the marriage of William Lee Purcell and Cathy Jo Schutte. I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on 7-27-91 (date), at Brownsburg in Hendricks County, Indiana, William Lee Purcell of Hendricks County Indiana (state), and Cathy Jo Schutte 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 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 Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 373HENDRICKS CountyFile 7-22-91  
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 7-5-91  
Name of Physician Dr. Timothy Nichols, MD

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Jimmy</u>		<u>Pearson</u>	
Date of Birth	Month	Day	Year	
	<u>3</u>	<u>8</u>	<u>67</u>	
Place of Birth (State or foreign country) <u>Ohio</u>				
Residence Address	Street or R.R.	City	County	State
	<u>272 Live Oak Lane</u>	<u>West Chester</u>	<u>Chester</u>	<u>PA.</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____				

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Howard C. Pearson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Ind.  
Birthplace of father (State or foreign country) Unknown  
(b) Full maiden name of applicant's mother Marianne Witter  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Ohio  
Birthplace of mother (State or foreign country) Germany

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Krista</u>	<u>alice</u>	<u>Anderson</u>	
Date of Birth	Month	Day	Year	
	<u>3</u>	<u>26</u>	<u>68</u>	
Place of Birth (State or foreign country) <u>Indiana</u>				
Residence Address	Street or R.R.	City	County	State
	<u>1116 W. Beecher Rd.</u>	<u>2106</u>	<u>Hendricks</u>	<u>IN</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____				

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Ernest Clayton Anderson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Loris Ann Brown  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Ind.

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Jimmy Pearson</u>	Date <u>7/22/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____

State of Indiana _____ ) ss: _____	I swear/affirm that the information given in this application is true and correct.
County of <u>HENDRICKS</u> )	
Signed <u>Jimmy Pearson</u>	
New Address <u>Same</u>	
Subscribed and sworn to before me this <u>22nd</u> day of <u>July</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ )	ss: _____
County of <u>HENDRICKS</u> )	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
_____ Clerk	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Krista A. Anderson</u>	Date <u>7/22/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____

State of Indiana _____ ) ss: _____	I swear/affirm that the information given in this application is true and correct.
County of <u>HENDRICKS</u> )	
Signed <u>Krista A. Anderson</u>	
New Address _____	
Subscribed and sworn to before me this <u>22nd</u> day of <u>July</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ )	ss: _____
County of <u>HENDRICKS</u> )	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
_____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-22-91, authorizing the marriage of Jimmy Pearson and Krista A. Anderson. I further certify that the following marriage certificate was filed in my office: I, R.W. Marrs (name), certify that on 7-27-91 (date), at Bloomington in Monroe County, Indiana, Jimmy Pearson of Chester County Pennsylvania (state), and Krista A. Anderson 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 7-27-91. Signed by: /s/ R.W. Marrs Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 374

File \_\_\_\_\_

7-23-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Helen M. Thompson

MALE APPLICANT		FEMALE APPLICANT	
Name	First Middle Last <u>Robert Francis Amrhein</u>	Name	First Middle Last <u>Samantha Pauline Thomas</u>
Date of Birth	Month Day Year <u>11 10 68</u>	Date of Birth	Month Day Year <u>1 24 72</u>
Place of Birth (State or foreign country)	<u>IN</u>	Place of Birth (State or foreign country)	<u>Hawaii</u>
Residence Address	Street or R.R. City County State <u>3337 Falcon Dr. Indpls.</u>	Residence Address	Street or R.R. City County State <u>3455 E. Main St. lot 1 Danville</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lio</u>	Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>James A. Amrhein</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls. IN</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Jenny Elaine Hillbert</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Sage</u> Birthplace of mother (State or foreign country) <u>IN</u></p>		<p>6. (a) Full name of applicant's father <u>John Hyatt Thomas</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls. IN</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Mary W. Myfflin</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Danville IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Robert Amrhein</u> Date <u>7/23/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Samantha P. Thomas</u> Date <u>7-23-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>X Robert Amrhein</u> New Address <u>416 N. Center St. #13</u></p> <p>Subscribed and sworn to before me this <u>23</u> day of <u>7</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.</p> <p>Signed <u>X Samantha P. Thomas</u> New Address <u>416 N. Center St. Apt 13</u></p> <p>Subscribed and sworn to before me this <u>23</u> day of <u>7</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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: I, 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 Samantha P. Thomas 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 7-31-91. Signed by: /s/ Jerry L. Williams, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court







STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 3716

File 7-23-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Hamaker

**MALE APPLICANT**

Name First Bryan Middle C Last Kattman  
Date of Birth Month 5 Day 25 Year 67  
Place of Birth (State or foreign country) Indpls IN  
Residence Address Street or R.R. 6042 Debra Ct City Hendricks State IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Bryan Kattman

- (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) IN  
(b) Full maiden name of applicant's mother Melissa Lee Zasimovich  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

**FEMALE APPLICANT**

Name First Melissa Middle D Last Rush  
Date of Birth Month 6 Day 30 Year 67  
Place of Birth (State or foreign country) Indpls Indiana  
Residence Address Street or R.R. 2118 Black Rock Road City Hendricks State IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Trisha Rush (Kattman)

- (a) Full name of applicant's father Fred Rush  
(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 Gail Karen Allen  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) Ohio

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Bryan C. Kattman Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.

X Signed Bryan C. Kattman  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23rd day of July, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Melissa Rush Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.

X Signed Melissa Rush  
New Address 6042 Debra Ct

Subscribed and sworn to before me this 23rd day of July, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-23-91, authorizing the marriage of Bryan C. Kattman and Melissa D. Rush. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 7-25-91 (date), at Danville in Hendricks County, Indiana, Bryan C. Kattman of Hendricks County Indiana (state), and Melissa D. Rush 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 7-25-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 377

File

7-24-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Olson

## MALE APPLICANT

Name First Middle Last  
James John Rees  
Date of Birth Month Day Year  
10 5 64  
Place of Birth (State or foreign country) NJ  
Residence Address Street or R.R. City County State  
69 Hillside Ave Plains PA  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-13-89  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Patricia Ann Rees

- (a) Full name of applicant's father Edward Lawrence Rees  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Exeter PA  
Birthplace of father (State or foreign country) PA  
(b) Full maiden name of applicant's mother Theresa Davis  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) ?

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James J. Rees Date 7/24/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Signed James J. Rees in this application is true and correct.

New Address 69 Hillside Ave Plains PA  
Subscribed and sworn to before me this 24 day of 7, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name First Middle Last  
Lisa Elaine Jansen  
Date of Birth Month Day Year  
7 2 62  
Place of Birth (State or foreign country) IN  
Residence Address Street or R.R. City County State  
33 Spring Ln B. Ind IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Bernard A. Jansen  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Marion IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Sherry A. Howell  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) MO

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa E. Jansen Date 7/24/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Signed Lisa E. Jansen in this application is true and correct.

New Address 69 Hillside Ave Plains PA  
Subscribed and sworn to before me this 24 day of 7, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-24-91, authorizing the marriage of James J. Rees and Lisa E. Jansen. 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, James J. Rees of Luzerne County Pennsylvania (state), and Lisa E. Jansen 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 7-27-91. 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).

Signed Connie Lawson Clerk  
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

No. 378

File \_\_\_\_\_

7-24-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

MALE APPLICANT	FEMALE APPLICANT
Name <u>Charles</u> <u>Melvin</u> <u>Tolson</u>	Name <u>Elsie</u> <u>Marie</u> <u>Clark</u>
Date of Birth <u>3</u> <u>23</u> <u>18</u>	Date of Birth <u>11</u> <u>19</u> <u>19</u>
Place of Birth (State or foreign country) <u>IN</u>	Place of Birth (State or foreign country) <u>IN</u>
Residence Address <u>9421 N. Delaware Indpls. IN</u>	Residence Address <u>1015 Hess St. Pepp.</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-91</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>Charles Andrew Tolson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Emma Nevada Baker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>OH</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>Otto Winfield Sutton</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Gilly Mae Collins</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>IL</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Charles Melvin Tolson</u> Date <u>7/24/91</u>	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Elsie M. Clark</u> Date <u>7-24-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Charles Melvin Tolson</u> New Address <u>9421 N. Delaware St. Indianapolis, IN</u> Subscribed and sworn to before me this <u>24</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Elsie M. Clark</u> New Address <u>9421 N. Delaware St. Indpls. IN</u> Subscribed and sworn to before me this <u>24</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-24-91, authorizing the marriage of Charles Melvin Tolson and Elsie Marie Clark. I further certify that the following marriage certificate was filed in my office: I, Mark R. O'Brien (name), certify that on 7-27-91 (date), at French Lick in Orange County, Indiana, Charles Melvin Tolson of Marion County Indiana (state), and Elsie Marie Clark of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-27-91. Signed by: /s/ Mark R. O'Brien Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of IC 31-7-3

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

No. 379

HENDRICKS County

File \_\_\_\_\_

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician A. Stegmoller

MALE APPLICANT		FEMALE APPLICANT	
Name <u>Robert</u> <u>R.</u> <u>Samuels</u> Date of Birth <u>2</u> <u>16</u> <u>49</u> Place of Birth (State or foreign country) <u>IN</u> Residence Address <u>114 W. Vine St. Apt. 2</u> <u>IN</u> Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u> Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>91</u> Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Linc.</u>		Name <u>Ellen</u> <u>E.</u> <u>Reeves</u> Date of Birth <u>2</u> <u>12</u> <u>54</u> Place of Birth (State or foreign country) <u>IN</u> Residence Address <u>13230 W. Rockville Rd Apt. 9</u> <u>Indpls.</u> Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u> Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>91</u> Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Linc.</u>	
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>None</u>		1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Daughter Reeves</u>	
6. (a) Full name of applicant's father <u>Rodger</u> (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 <u>Anna</u> (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 <u>Edward Orion Huffley Sr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Eva Anna Shultz</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Danville IN</u> Birthplace of mother (State or foreign country) <u>IN</u>	
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Robert R. Samuels</u> Date <u>7-25-91</u>		<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Ellen Reeves</u> Date <u>7-25-91</u>	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____		The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Robert R. Samuels</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>25</u> day of <u>7</u> , 19 <u>91</u> <u>Connie Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court		State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Ellen Reeves</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>25</u> day of <u>7</u> , 19 <u>91</u> <u>Connie Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court	
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk		<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	
<b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.			
<b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b>			
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-25-91</u> , authorizing the marriage of <u>ROBERT R. SAMUELS</u> and <u>ELLEN G. REEVES</u> . I further certify that the following marriage certificate was filed in my office: I, <u>CYNTHIA J. SPENCE</u> (name), certify that on <u>7-25-91</u> (date), at <u>DANVILLE</u> in <u>HENDRICKS</u> County, Indiana, <u>ROBERT R. SAMUELS</u> of <u>HENDRICKS</u> County <u>IN</u> (state), and <u>ELLEN G. REEVES</u> of <u>HENDRICKS</u> County <u>IN</u> (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-25-91</u> . Signed by: <u>/s/ CYNTHIA J. SPENCE</u> , <u>1st DEPUTY CLERK</u> (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>7-25-91</u> (date).			
Signed <u>Connie Spence</u> Clerk <u>HENDRICKS</u> 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. 379  
File \_\_\_\_\_  
Date of Application 7-25-91

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 A. Steagall

MALE APPLICANT

Name Robert First R. Middle  
Date of Birth 2 Month 12 Day 16  
Place of Birth (State or foreign country) IN  
Residence Address 114 W. Vine St. Pa... Street or R.R. Pa... City  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) R

FEMALE APPLICANT

Name Ellen First E. Middle Reeves Last  
Date of Birth 2 Month 12 Day 54  
Place of Birth (State or foreign country) IN  
Residence Address W. Rockville Rd Apt. 9 Street or R.R. Pa... City Pa... County Pa... State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. H

1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. None
6. (a) Full name of applicant's father Rodger D. Samuels  
(If adopted, list adoptive parents only) Deceased  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Martha J. Fox  
(If adopted, list adoptive parents only) Haywood ID  
Residence of mother (if deceased, so state) KY  
Birthplace of mother (State or foreign country) KY

1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Angela Reeves

6. (a) Full name of applicant's father Edward Orion Hufferley Sr.  
(If adopted, list adoptive parents only) Deceased  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Eva Anna Shields  
(If adopted, list adoptive parents only) Danville IN  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Robert R. Samuels Date 7-25-91

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 \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Robert R. Samuels  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25 day of 7, 19 91  
Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Ellen Reeves Date 7-25-91

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 \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Ellen Reeves  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25 day of 7, 19 91  
Connie Spence Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-25-91, authorizing the marriage of ROBERT R. SAMUELS and ELLEN G. REEVES. I further certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE (name), certify that on 7-25-91 (date), at DANVILLE in HENDRICKS County, Indiana, ROBERT R. SAMUELS of HENDRICKS County IN (state), and ELLEN G. REEVES of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-25-91. Signed by: /s/ CYNTHIA J. SPENCE, 1st DEPUTY CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 7-25-91 (date).

Signed Connie Spence Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 380

File 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 ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Plainfield Medical Center

MALE APPLICANT	
Name	First <u>James</u> Middle <u>Herbert</u> Last <u>Davis</u>
Date of Birth	Month <u>5</u> Day <u>24</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>2721 Sugar Creek Ln., Evansville, Vanderburgh, Indiana 47715</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>Charles R. Davis</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Jeanne E. Huddleston</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Illinois</u>	

FEMALE APPLICANT	
Name	First <u>Mary</u> Middle <u>Alice</u> Last <u>Fields</u>
Date of Birth	Month <u>6</u> Day <u>03</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>845 Pinewood Dr., Apt C., Plainfield, Hendricks, Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>Edgar A. Fields</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Frances Jenkins</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ireland</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant James H. Davis Date 7-25-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed James H. Davis  
New Address Same as above  
Subscribed and sworn to before me this 25 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Mary Fields Date 7-25-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Mary Fields  
New Address 2721 Sugar Creek Ln., Evansville, Indiana 47715  
Subscribed and sworn to before me this 25 day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-25-91, authorizing the marriage of James Herbert Davis and Mary Alice Fields. I further certify that the following marriage certificate was filed in my office: I, Rev. Terence R. McCain, Sr. (name), certify that on 8-24-91 (date), at Plainfield in Hendricks County, Indiana, James Herbert Davis of Vanderburgh County, Indiana, (state), and Mary Alice Fields of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91. Signed by: /s/ Rev. Terence R. McCain, Sr. Clergyman (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-28-91 (date).

Signed Connie Lawson Clerk  
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

No. 381

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-24-91  
Name of Physician Dr. Geller, M.D.

MALE APPLICANT	
Name	First <u>Alan</u> Middle <u>Dwight</u> Last <u>Mullen</u>
Date of Birth	Month <u>2</u> Day <u>26</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>4901 Oakdale Dr.</u> City <u>Ellettsville</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>John Joseph Mullen, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Pa.</u> (b) Full maiden name of applicant's mother <u>Evelyn Morrison</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Cheryl</u> Middle <u>Sue</u> Last <u>Frey</u>
Date of Birth	Month <u>7</u> Day <u>12</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>5009 Fairway Dr.</u> City <u>Blainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>William Joseph Frey, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Margaret Ann Dailey</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Alan D. Mullen Date 7-25-91

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 \_\_\_\_\_

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Cheryl S. Frey Date 7-25-91

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 \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.

Signed Alan D. Mullen

New Address Same

Subscribed and sworn to before me this 25th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.

Signed Cheryl S. Frey

New Address \_\_\_\_\_

Subscribed and sworn to before me this 25th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of 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

Father \_\_\_\_\_ ID # \_\_\_\_\_

Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS

Father \_\_\_\_\_ ID # \_\_\_\_\_

Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-25-91, authorizing the marriage of Alan Dwight Mullen and Cheryl Sue Frey. I further certify that the following marriage certificate was filed in my office: I, John A. Young (name), certify that on 8-10-91 (date), at Indianapolis in Marion County, Indiana, Alan Dwight Mullen of Marion County Indiana (state), and Cheryl Sue Frey of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ John A. Young, Chaplain (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-20-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



*HENDRICKS* \_\_\_\_\_ County \_\_\_\_\_

File \_\_\_\_\_

7-25-91  
Date of Application

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-24-9,  
Name of Physician Dr. W. Grubbs, M.D.

**FEMALE APPLICANT**

Name: Patricia Karen Johnson  
First Middle Last

Date of Birth: 5 11 43  
Month Day Year

Place of Birth (State or foreign country): Michigan

Residence Address: 718 Daymont, Ingle, Marion, In  
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 8-9

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children: Jason Wade Johnson

6. (a) Full name of applicant's father: George McCurdy  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state): Deceased  
Birthplace of father (State or foreign country): Michigan

(b) Full maiden name of applicant's mother: Frances Inolt  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state): Michigan  
Birthplace of mother (State or foreign country): Michigan

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Patricia K. Johnson Date 7-25

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  
County of HENDRICKS ) is true and correct.  
Signed Patricia L. Johnson  
New Address Same  
Subscribed and sworn to before me this 25th day of July, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parent must state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

### RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Signed Connie Lawson \_\_\_\_\_ CH  
HENDRICKS Circuit Co



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. 383  
File \_\_\_\_\_  
Date of Application 7-25-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-25-91  
Name of Physician Julius A. Robinson, M.D.

MALE APPLICANT	
Name	First <u>Dan</u> Middle <u>Clark</u> Last <u>Coe</u>
Date of Birth	Month <u>2</u> Day <u>26</u> Year <u>49</u>
Place of Birth (State or foreign country)	<u>Kentucky</u>
Residence Address	Street or R.R. <u>269 N. Mille St.</u> City <u>Ellettsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Ryan Christopher Coe,</u> <u>Emily Elizabeth Coe, Abigail Anne Coe</u>
6. (a) Full name of applicant's father.	<u>Earl Coe</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Kentucky</u>
(b) Full maiden name of applicant's mother.	<u>Bettie Marie Clark</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Sharon</u> Middle <u>(Johnson)</u> Last <u>Bundy</u>
Date of Birth	Month <u>1</u> Day <u>8</u> Year <u>53</u>
Place of Birth (State or foreign country)	<u>Virginia</u>
Residence Address	Street or R.R. <u>614 Prairie Depot</u> City <u>Indpls</u> County <u>Marion</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Sarah Elizabeth Bundy,</u> <u>Jeremiah David Bundy</u>
6. (a) Full name of applicant's father.	<u>Sterling White Johnson</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Virginia</u>
(b) Full maiden name of applicant's mother.	<u>Edna Rose Reese</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Virginia</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Dan C. Coe Date 7/25/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Dan C. Coe  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Sharon Bundy Date 07/25/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Sharon Bundy  
New Address Same  
Subscribed and sworn to before me this 25th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-25-91, authorizing the marriage of Dan C. Coe and Sharon J. Bundy.  
I, J. Clifton McLawhooon (?), further certify that the following marriage certificate was filed in my office: (name), certify that on 7-26-91 (date), at Plainfield in Hendricks County, Indiana, (state), and Dan C. Coe of Hendricks County Indiana (state), and Sharon J. Bundy 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 7-26-91.  
Signed by: /s/ J. Clifton McLawhooon (?) Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-5-91 (date).

Signed Connie Lawson Clerk  
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

No. 384

File 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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-24-91  
Name of Physician Dr. Frank Green, MD

**MALE APPLICANT**

Name Gregory James Hagan  
Date of Birth 6 5 69  
Place of Birth (State or foreign country) Indiana  
Residence Address 3820 Tawn Dr. Apt. 2B Indpls, Marion, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father: Robert J. Hagan  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Nancy Kay Scharfberger  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Jennifer Joann Monnett  
Date of Birth 6 16 70  
Place of Birth (State or foreign country) Indiana  
Residence Address 4 Elm Ave., Brownsburg, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father: Allen Leon Monnett  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Charlotte Marie Marsh  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Gregory J. Hagan 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Gregory J. Hagan  
New Address Same  
Subscribed and sworn to before me this 26th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jennifer J. Monnett 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Jennifer J. Monnett  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-26-91, authorizing the marriage of Gregory J. Hagan and Jennifer J. Monnett. I further certify that the following marriage certificate was filed in my office: I, Rev. Joseph F. Schaedel (name), certify that on 8-17-91 (date), at Indianapolis in Marion County, Indiana, Gregory J. Hagan of Marion County Indiana (state), and Jennifer J. Monnett 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 7-26-91. Signed by: /s/ Rev. Joseph F. Schaedel Priest (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-20-91 (date).

Signed Connie Lawson Clerk  
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

No. 385

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-17-91  
Name of Physician Dr. Michael Neely, MD

**MALE APPLICANT**

Name First Kyle Middle Eugene Last Davis  
Date of Birth Month 7 Day 30 Year 57  
Place of Birth (State or foreign country) Missouri  
Residence Address Street or R.R. City County State  
4644 Cornelius Ave, Indianapolis, Marion, In  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father James William Davis  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Missouri  
(b) Full maiden name of applicant's mother Grace Leone Smittle  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Washington

**FEMALE APPLICANT**

Name First Janet Middle Gayle Last Willis  
Date of Birth Month 10 Day 26 Year 61  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
R.R. 4 Box 261 K, Clayton, Hendricks, In  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 11-90  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Donald Lee Waterman  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sandra Rae White  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Kyle E. Davis 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 \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Kyle E. Davis  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Janet G. Willis 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 \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Janet G. Willis  
New Address Same  
Subscribed and sworn to before me this 26th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-19-91, authorizing the marriage of Kyle Eugene Davis and Janet Gayle Willis. I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on 8-17-91 (date), at Danville in Hendricks County, Indiana, Kyle Eugene Davis of Marion County Indiana (state), and Janet Gayle Willis of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ John P. Roof, Episcopal Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-19-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 386

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. David Haggard, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Clyde</u> First <u>Ray</u> Middle <u>Ervin</u> Last <u>II</u></p> <p>Date of Birth <u>1</u> Month <u>5</u> Day <u>63</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>2219 6th St. Beech Grove, Marion, IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-90</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Brian Douglas Ervin</u></p> <p>6. (a) Full name of applicant's father <u>Clyde Ray Ervin</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mary Kay Basket</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Texas</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>Name <u>Brenda</u> First <u>Lee</u> Middle <u>Huff</u> Last <u>Huff</u></p> <p>Date of Birth <u>10</u> Month <u>2</u> Day <u>63</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>292 Meadow Dr, Apt. 4 Danville, Hendricks, IN</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Harold Keith Huff</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Virginia Ann Jones</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Clyde R. Ervin II</u> Date <u>7-26-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Clyde R. Ervin II</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>26th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Brenda Lee Huff</u> Date <u>7-26-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Brenda Lee Huff</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>26th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-26-91, authorizing the marriage of Clyde Ray Ervin II and Brenda Lee Huff. I further certify that the following marriage certificate was filed in my office: I, Rev. H. Thomas Pitcher (name), certify that on 9-7-91 (date), at Danville in Hendricks County, Indiana, Clyde R. Ervin, II of Marion County Indiana (state), and Brenda Lee Huff 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 7-26-91. Signed by: /s/ H. Thomas Pitcher Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-11-91 (date).

Signed Connie Lawson Clerk  
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

No. 387

File

7-29-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. Neely

MALE APPLICANT

Name First Middle Last  
David M. Greeson  
Date of Birth Month Day Year  
5 6 69  
Place of Birth (State or foreign country)  
Indpls IN  
Residence Address Street or R.R. City County State  
129 N. Kentucky St. Danville Hen. IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Floyd Robert Greeson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country)  
(b) Full maiden name of applicant's mother Velma Jeanne Beckel  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT

Name First Middle Last  
Janice A. Adams  
Date of Birth Month Day Year  
1 17 65  
Place of Birth (State or foreign country)  
Danville Indiana  
Residence Address Street or R.R. City County State  
601 S St. Rd 39 Danville Hendricks IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Paul Allen Adams  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country)  
(b) Full maiden name of applicant's mother Ruth Louisa Rutledge  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant David M. Greeson 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 ss: I swear/affirm that the information given in this application is true and correct.

X Signed David M. Greeson  
New Address

Subscribed and sworn to before me this 29th day of July, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ss:

Father ID #  
Mother ID #

Subscribed and sworn to before me this day of 19  
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Janice A. 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 ss: I swear/affirm that the information given in this application is true and correct.

X Signed Janice A. Adams  
New Address 129 N. Kentucky St. Danville, In 46122

Subscribed and sworn to before me this 29th day of July, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ss:

Father ID #  
Mother ID #

Subscribed and sworn to before me this day of 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-29-91, authorizing the marriage of David M. Greeson and Janice A. Adams

I, Rev. Ronald E. McDogle, further certify that the following marriage certificate was filed in my office: (name), certify that on 8-17-91 in Hendricks County, Indiana, David M. Greeson of Hendricks County Indiana (state), and Janice A. Adams of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91

Signed by: /s/ Rev. Ronald E. McDogle, Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-22-91 (date).

Signed Connie Lawson Clerk  
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

No. 388  
File 7-29-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Haak

MALE APPLICANT	
Name	First <u>Loyd</u> Middle <u>Gilliam</u> Last <u>Jr.</u>
Date of Birth	Month <u>7</u> Day <u>17</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Danville IN</u>
Residence Address	Street or R.R. <u>31 Seumin St.</u> City <u>Brownsburg</u> County <u>Hen.</u> State <u>IN.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> <u>Birth Certificate</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Loyd Gilliam Sr.</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	_____
(b) Full maiden name of applicant's mother	<u>Francis Sue Ring</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>IN</u>
Birthplace of mother (State or foreign country)	<u>IN</u>

FEMALE APPLICANT	
Name	First <u>Kellie</u> Middle <u>A.</u> Last <u>Gordon</u>
Date of Birth	Month <u>7</u> Day <u>7</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Danville IN</u>
Residence Address	Street or R.R. <u>R.R. 1 Box 255</u> City <u>38 Pittsboro</u> County <u>Hen.</u> State <u>IN.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u> <u>Birth Certificate</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Wayne Eugene Gordon</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>IN</u>
Birthplace of father (State or foreign country)	<u>IN</u>
(b) Full maiden name of applicant's mother	<u>Cynthia Lou Trent</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>IN</u>
Birthplace of mother (State or foreign country)	<u>IN</u>

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>[Signature]</u> Date <u>7/29/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ I swear/affirm that the information given in this application is true and correct.	
Signed	<u>[Signature]</u>
New Address	<u>140 N. Grant St. Brown IN 46112</u>
Subscribed and sworn to before me this	<u>29th</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>[Signature]</u> Date <u>7/29/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ I swear/affirm that the information given in this application is true and correct.	
Signed	<u>[Signature]</u>
New Address	<u>140 N. Grant St. Brown IN 46112</u>
Subscribed and sworn to before me this	<u>29th</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19____
Clerk	_____

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19____
Clerk	_____

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-29-91</u> , authorizing the marriage of <u>Loyd Gilliam, Jr.</u> and <u>Kellie A. Gordon</u> .	
I, <u>Leonne Clampitt</u> , further certify that the following marriage certificate was filed in my office: (name), certify that on <u>8-3-91</u>	
(date), at <u>North Salem</u>	in <u>Hendricks</u> County, Indiana,
<u>Loyd Gilliam, Jr.</u> of <u>Hendricks</u> County	<u>Indiana</u> (state), and
<u>Kelli Ann Gordon</u> of <u>Hendricks</u> County	<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 <u>HENDRICKS</u> County, Indiana, dated <u>8-3-91</u>	
Signed by: <u>/s/ Leonne Clampitt</u>	Clerk Treasurer (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on <u>8-6-91</u>	(date).

Signed Connie Lawson Clerk  
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

No. 389  
File \_\_\_\_\_  
Date of Application 7-29-91

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 6-21-91  
Name of Physician Randee W. Strate, M.D.

MALE APPLICANT	
Name	David Arnold Hooten
Date of Birth	August 25, 1955
Place of Birth (State or foreign country)	Saline, Indiana
Residence Address	9625 Melody Lane, Indianapolis, IN 46231
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>(1)</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jason Matthew Hooten &amp; Justin David Hooten</u></p> <p>6. (a) Full name of applicant's father <u>Arnold Robert Hooten</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mildred Virginia Judd</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	Lisa Lynn Graves
Date of Birth	June 12, 1964
Place of Birth (State or foreign country)	Batavia, New York
Residence Address	9625 Melody Lane, Indianapolis, IN 46231
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Casey Douglas Graves, Jr.</u></p> <p>6. (a) Full name of applicant's father <u>Alexander Melvin Jordan</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ind.</u> Birthplace of father (State or foreign country) <u>New York</u> (b) Full maiden name of applicant's mother <u>Helen Elizabeth Becker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>New York</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>David Hooten</u> Date <u>7-29-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>David Hooten</u>
New Address	<u>SAME</u>
Subscribed and sworn to before me this	<u>29th</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Lisa Graves</u> Date <u>7-29-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Lisa Graves</u>
New Address	<u>SAME</u>
Subscribed and sworn to before me this	<u>29th</u> day of <u>July</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk	_____

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk	_____

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>7-29-91</u> , authorizing the marriage of <u>David Arnold Hooten</u> and <u>Lisa Lynn Graves</u> .	
I, <u>Myron Barnard</u> , further certify that the following marriage certificate was filed in my office: (name), certify that on <u>8-17-91</u> in <u>Marion</u> County, Indiana, (date), at <u>Indianapolis</u> County, Indiana, (state), and <u>David Arnold Hooten</u> of <u>Hendricks</u> County, Indiana, (state), and <u>Lisa Lynn Graves</u> of <u>Hendricks</u> County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-17-91</u> . Signed by: <u>/s/ Myron Barnard</u> Judge (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on <u>8-20-91</u> (date).	

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 390File 7-29-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-19-91  
Name of Physician Allen Baker, M.D.

**MALE APPLICANT**

Name David Michael Garrison  
Date of Birth April 1, 1967  
Place of Birth (State or foreign country) North Carolina  
Residence Address 5010 Cragen Rd, Martinsville 46151  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father William Lloyd Garrison  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sue Ellen Brudlove  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Elisa Rae Thompson  
Date of Birth July 29, 1970  
Place of Birth (State or foreign country) Indiana  
Residence Address 4855 N. 575 E. Brownsburg, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. None

6. (a) Full name of applicant's father Lonnice Orville Thompson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Shirley May Wright  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 7/27/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address SAME  
Subscribed and sworn to before me this 29th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] 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 ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address 5010 Cragen Rd Martinsville IN 46151  
Subscribed and sworn to before me this 29th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-29-91, authorizing the marriage of David Michael Garrison and Elisa Rae Thompson. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-10-91 (date), at Brownsburg in Hendricks County, Indiana, David Michael Garrison of Morgan County Indiana (state), and Elisa Rae Thompson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Lynn Coleman Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-14-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



Form Prescribed By  
Indiana State Board of  
Health under Authority  
of IC 31-7-3

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 391

File \_\_\_\_\_

7-30-91  
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 7-15-91  
Name of Physician Dr. L. Thompson, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Paul</u> Middle <u>Robert</u> Last <u>St. Laurent</u>	Name	First <u>Frances</u> Middle <u>Margaret</u> Last <u>Hilligoss</u>
Date of Birth	Month <u>9</u> Day <u>5</u> Year <u>58</u>	Date of Birth	Month <u>3</u> Day <u>21</u> Year <u>57</u>
Place of Birth (State or foreign country)	<u>Rhode Island</u>	Place of Birth (State or foreign country)	<u>Texas</u>
Residence Address	Street or R.R. <u>216 South East 25th St.</u> City <u>Orange</u> County <u>Orange</u> State <u>Fla.</u>	Residence Address	Street or R.R. <u>1709 Hanna Rd.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Travis Barron Wolfe,</u> <u>Blair Robertson Wolfe</u></p>	
<p>6. (a) Full name of applicant's father <u>Robert Leo St. Laurent</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Florida</u> Birthplace of father (State or foreign country) <u>Rhode Island</u></p> <p>(b) Full maiden name of applicant's mother <u>Barbara Louise Willis</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Florida</u> Birthplace of mother (State or foreign country) <u>Rhode Island</u></p>		<p>6. (a) Full name of applicant's father <u>Thomas Franklin Hilligoss</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Dolly Barron Robertson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Texas</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Paul R. St. Laurent</u> Date <u>7-30-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Frances M. Hilligoss</u> Date <u>7-30-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>X Paul R. St. Laurent</u></p> <p>New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>30th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>X Frances Margaret Hilligoss</u></p> <p>New Address _____</p> <p>Subscribed and sworn to before me this <u>30th</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-30-91, authorizing the marriage of Paul Robert St. Laurent and Frances Margaret Hilligoss. I further certify that the following marriage certificate was filed in my office: I, William R. Clayton (name), certify that on 8-3-91 (date), at Plainfield in Hendricks County, Indiana, Paul Robert St. Laurent of Lee County Florida (state), and Frances Margaret Hilligoss of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-3-91. Signed by: /s/ William R. Clayton Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-7-91 (date).

Signed Connie Dawson Clerk  
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

No. 392

File 7-30-91

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 7-25-91  
Name of Physician Kathleen B. Oelham, MD

MALE APPLICANT		FEMALE APPLICANT	
Name <u>Kevin Allen Steuermwald</u>	Name <u>Stacey Michelle Bratcher</u>	Name <u>Stacey Michelle Bratcher</u>	Name <u>Stacey Michelle Bratcher</u>
Date of Birth <u>5/5/67</u>	Date of Birth <u>3/28/69</u>	Date of Birth <u>3/28/69</u>	Date of Birth <u>3/28/69</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>
Residence Address <u>312 Maplebrook Dr. Brownsburg, Hendricks, IN</u>	Residence Address <u>9 Bellebrook Dr. Brownsburg, Hendricks, IN</u>	Residence Address <u>9 Bellebrook Dr. Brownsburg, Hendricks, IN</u>	Residence Address <u>9 Bellebrook Dr. Brownsburg, Hendricks, IN</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. <u>—</u>	5. List the full names of any dependent children. <u>—</u>	5. List the full names of any dependent children. <u>—</u>	5. List the full names of any dependent children. <u>—</u>
6. (a) Full name of applicant's father <u>Forrest L. Steuermwald</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>	6. (a) Full name of applicant's father <u>Pickney D. Bratcher</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>	6. (a) Full name of applicant's father <u>Pickney D. Bratcher</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>	6. (a) Full name of applicant's father <u>Pickney D. Bratcher</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u>
(b) Full maiden name of applicant's mother <u>Jeanne E. Allen</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	(b) Full maiden name of applicant's mother <u>Linda A. Higgins</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ky.</u>	(b) Full maiden name of applicant's mother <u>Linda A. Higgins</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ky.</u>	(b) Full maiden name of applicant's mother <u>Linda A. Higgins</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ky.</u>
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Kevin Allen Steuermwald</u> Date <u>7-30-91</u>	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Stacey M. Bratcher</u> Date <u>7/30/91</u>	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Stacey M. Bratcher</u> Date <u>7/30/91</u>	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Stacey M. Bratcher</u> Date <u>7/30/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The 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 <u>HENDRICKS</u> ) ss: _____ Signed <u>X Kevin Allen Steuermwald</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>30th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Stacey M. Bratcher</u> New Address _____ Subscribed and sworn to before me this <u>30th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Stacey M. Bratcher</u> New Address _____ Subscribed and sworn to before me this <u>30th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Stacey M. Bratcher</u> New Address _____ Subscribed and sworn to before me this <u>30th</u> day of <u>July</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-30-91, authorizing the marriage of KEVIN A. STEUERWALD and STACEY M. BRATCHER. I further certify that the following marriage certificate was filed in my office: I, DONALD TYLER (name), certify that on 8-17-91 (date), at BETHESDA BAPTIST CHURCH in HENDRICKS County, Indiana, KEVIN A. STEUERWALD of HENDRICKS County IN (state), and STACEY M. BRATCHER of HENDRICKS County IN (state) were 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/ DONALD TYLER, MINISTER (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-21-91 (date).

Signed Connie Lawson Clerk  
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

No. 393

File 7-30-91  
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 7-26-91  
Name of Physician St. Vincent Family Practice

MALE APPLICANT	
Name	<u>Mark Alan Tsakrios</u>
Date of Birth	<u>3</u> <u>6</u> <u>69</u>
Place of Birth (State or foreign country)	<u>Indianapolis, In.</u>
Residence Address	<u>5825 N 901 E Brownsburg, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Nilee Jo Tsakrios 2mo,</u></p> <p>6. (a) Full name of applicant's father <u>Michael Dean Tsakrios</u> (If adopted, list adoptive parents only) <u>John Brownsburg, In.</u> Residence of father (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Patricia Merle Small</u> (If adopted, list adoptive parents only) <u>Brownsburg, In.</u> Residence of mother (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	<u>Lisa Kay Lewis</u>
Date of Birth	<u>6</u> <u>1</u> <u>70</u>
Place of Birth (State or foreign country)	<u>Indianapolis, In.</u>
Residence Address	<u>5825 N 901 E Brownsburg, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Nilee Jo Tsakrios 2mo.</u></p> <p>6. (a) Full name of applicant's father <u>Her Eugene Devoyne Lewis</u> (If adopted, list adoptive parents only) <u>Brownsburg, In.</u> Residence of father (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Kitty Jo Karst</u> (If adopted, list adoptive parents only) <u>Indianapolis, In.</u> Residence of mother (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark A. Tsakrios Date 7-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Mark A. Tsakrios  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30<sup>th</sup> day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Lisa K. Lewis Date 7-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Lisa K. Lewis  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30<sup>th</sup> day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-30-91, authorizing the marriage of Mark Alan Tsakrios and Lisa Kay Lewis. I further certify that the following marriage certificate was filed in my office: I, Rev. Thomas W. Rakolzy (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 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 7-30-91. Signed by: /s/ Rev. Thomas W. Rakolzy Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-13-91 (date).

Signed Connie Lawson Clerk  
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

No. 394  
File 7-31-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-29-91  
Name of Physician Blanned Parenthood

MALE APPLICANT		FEMALE APPLICANT	
Name First <u>William</u> Middle <u>Leon</u> Last <u>Hornaday</u>	Name First <u>Cynthia</u> Middle <u>Gale</u> Last <u>Buhrmaster</u>	Date of Birth Month <u>9</u> Day <u>14</u> Year <u>60</u>	Date of Birth Month <u>9</u> Day <u>13</u> Year <u>63</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Texas</u>	Residence Address Street or R.R. <u>502 S. Fern. St. Danville, Hendricks, In.</u> City <u>Danville</u> County <u>Hendricks</u> State <u>In.</u>	Residence Address Street or R.R. <u>Same</u> City <u>Same</u> County <u>Same</u> State <u>Same</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>89</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>89</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Derek Leon Hornaday</u></p>	
<p>6. (a) Full name of applicant's father: <u>Deann L. Hornaday</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Deceased</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Mary Montgomery</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father: <u>Leslie Walter Buhrmaster</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Illinois</u></p> <p>(b) Full maiden name of applicant's mother: <u>Quinter Grace Patterson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Mississippi</u></p>	
<p>ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X William Hornaday</u> Date <u>7-31-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct. Signed <u>X William Hornaday</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>31st</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Cindy Buhrmaster</u> Date <u>7-31-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct. Signed <u>X Cindy Buhrmaster</u> New Address _____ Subscribed and sworn to before me this <u>31st</u> day of <u>July</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-91, authorizing the marriage of William L. Hornaday and Cynthia G. Buhrmaster. I further certify that the following marriage certificate was filed in my office: I, S.V. Stiles (name), certify that on 8-2-91 (date), at Danville in Hendricks County, Indiana, William L. Hornaday of Hendricks County Indiana (state), and Cynthia G. Buhrmaster 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 7-31-91. 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).

Signed Connie Lawson Clerk  
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

No. 395

File 7-31-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-31-91  
Name of Physician Dr. Ciancone, M.D.

**MALE APPLICANT**

Name William First Donald Middle Baker Last  
Date of Birth Month 7 Day 30 Year 58  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 3926 City Marion County Marion State Ind.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date             
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Donald James Baker  
(If adopted, list adoptive parents only)             
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Virginia Rebecca Fox  
(If adopted, list adoptive parents only)             
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Lisa First Susanne Middle Bomar Last  
Date of Birth Month 4 Day 18 Year 61  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 9880 W. 10th St, Lot 26-5 City Indpls County Hendricks State Ind  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1-85  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Leslie Calvin Bomar  
Janie Elizabeth Bomar

6. (a) Full name of applicant's father Billy Hugh Webster  
(If adopted, list adoptive parents only)             
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Tennessee  
(b) Full maiden name of applicant's mother Mary Elizabeth Headingham  
(If adopted, list adoptive parents only)             
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant William Donald Baker Date 7/31/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court            Date           

State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
County of HENDRICKS )  
Signed William Donald Baker  
New Address             
Subscribed and sworn to before me this 31st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary           

State of Indiana HENDRICKS ) ss:  
County of HENDRICKS )  
Father            ID #             
Mother            ID #             
Subscribed and sworn to before me this            day of           , 19             
           Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Lisa S. Bomar Date 7-31-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court            Date           

State of Indiana HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
County of HENDRICKS )  
Signed Lisa S. Bomar  
New Address Same  
Subscribed and sworn to before me this 31st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary           

State of Indiana HENDRICKS ) ss:  
County of HENDRICKS )  
Father            ID #             
Mother            ID #             
Subscribed and sworn to before me this            day of           , 19             
           Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the            County            Court, by written order issued and filed in           , authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-91, authorizing the marriage of William Donald Baker and Lisa Susanne Bomar. I further certify that the following marriage certificate was filed in my office: I, James R. Baker (name), certify that on 8-9-91 (date), at Lakeview Christian Center - Indianapolis of Marion County, Indiana, William D. Baker of Marion County Indiana (state), and Lisa S. Bomar of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-91. Signed by: /s/ James R. Baker, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-16-91 (date).

Signed Connie Lawson Clerk  
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

No. 396

File

7-31-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-30-91  
Name of Physician Dr. Robert D. Geller, MD

**MALE APPLICANT**

Name First Middle Last  
Kevin Michael Odom

Date of Birth Month Day Year  
2 21 69

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
407 N. Lebanon St. Lizton, Hendricks, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Kenneth L. Odom  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Vivian A. Bruce  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Middle Last  
Jennifer Ann Young

Date of Birth Month Day Year  
4 27 62

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
Same

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-15-87

Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) S.S. Card and Hospital I.D. Card

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. Brianna Michelle  
Noyes, Nathan JS Noyes.

6. (a) Full name of applicant's father Jack L. Young  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Marilyn J. Neidinger  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kevin M Odom Date 7-31-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date 7-

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Kevin M Odom  
New Address Same

Subscribed and sworn to before me this 31st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of , 19  
Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jennifer Ann Young Date 7-31-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Jennifer Ann Young  
New Address

Subscribed and sworn to before me this 31st day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of , 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 7-31-91, authorizing the marriage of Kevin M Odom and Jennifer A. Young.

I, John K. Fletcher, I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-2-91 in Hendricks County, Indiana, Kevin M. Odom of Hendricks County Indiana (state), and Jennifer A. Young of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91.

Signed by: /s/ John K. Fletcher Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 8-9-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 397

File

8-1-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-29-91  
Name of Physician Dr. Clark, MD

MALE APPLICANT	
Name	First <u>Jerry</u> Middle <u>Allen</u> Last <u>Pittman</u>
Date of Birth	Month <u>8</u> Day <u>11</u> Year <u>50</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>120 W. Elbert St.</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>-</u> 6. (a) Full name of applicant's father <u>Stylen Joseph Pittman</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mary Lou Shirley</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Betty</u> Middle <u>Ann</u> Last <u>Rotkin</u>
Date of Birth	Month <u>1</u> Day <u>24</u> Year <u>56</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>891 S. St. Rt. 39</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-84</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Zachariah J. Rotkin, Joshua Ben Rotkin, Sarah Ellen Rotkin</u> 6. (a) Full name of applicant's father <u>Ben Franklin Jones, Jr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Oklahoma</u> (b) Full maiden name of applicant's mother <u>Helen Pauline Kelley</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Missouri</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jerry A. Pittman Date 8-1-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Jerry A. Pittman  
New Address Same  
Subscribed and sworn to before me this 1st day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Betty A. Rotkin Date 8-1-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Betty A. Rotkin  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 1st day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-91, authorizing the marriage of Jerry A. Pittman and Betty A. Rotkin.  
I, Roger L. Stroup (name), certify that on 8-23-91 (date), at Calvary Chapel in Hendricks County, Indiana, Jerry A. Pittman of Marion County Indiana (state), and Betty A. Rotkin of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91.  
Signed by: /s/ Roger L. Stroup Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-26-91 (date).

Signed Connie Lawson Clerk  
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

No. 398  
File \_\_\_\_\_  
Date of Application 8-1-91

IC 31-7-9-1. Furnishing false information upon applying for license.  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-29-91  
Name of Physician Dr. Neely, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Eddy</u> Middle <u>Wayne</u> Last <u>Brownwell, Sr.</u>	Name	First <u>Thelma</u> Middle <u>Ann</u> Last <u>McAdams</u>
Date of Birth	Month <u>4</u> Day <u>28</u> Year <u>40</u>	Date of Birth	Month <u>2</u> Day <u>10</u> Year <u>45</u>
Place of Birth (State or foreign country)	<u>Indiana</u>	Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>5908 Trafalger Ln. Apt. D, Indianapolis, Marion, In.</u>	Residence Address	Street or R.R. <u>2333 Lake of the Lantern, Indianapolis, Hendricks, In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u>	Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>3-8-86</u>	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-8-77</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____		1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____	
6. (a) Full name of applicant's father <u>Walter H. Brownwell</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Hilda M. Crone</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u>		6. (a) Full name of applicant's father <u>Fred Robert Harris</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Virgie Hargis</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u>	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Eddy Wayne Brownwell</u> Date <u>8-1-91</u>		ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Thelma Ann McAdams</u> Date <u>8-1-91</u>	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____		The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Eddy Wayne Brownwell Sr.</u> New Address _____ Subscribed and sworn to before me this <u>1st</u> day of <u>August</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court		State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct. Signed <u>Thelma Ann McAdams</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>1st</u> day of <u>August</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk		CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-91, authorizing the marriage of Eddy W. Brownwell, Sr. and Thelma A. McAdams. I further certify that the following marriage certificate was filed in my office: I, Jack William Elliot, Jr. (name), certify that on 8-31-91 (date), at Indianapolis in Marion County, Indiana, Eddy W. Brownwell, Sr. of Marion County Indiana (state), and Thelma Ann McAdams of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-91. Signed by: /s/ Jack Elliot, Jr. Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-11-91 (date).

Signed Connie Lawson Clerk  
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

No. 399  
File \_\_\_\_\_  
Date of Application 8-2-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☒  
If No, Medical Examination or Report Dated 7-22-91  
Name of Physician Dr. Haggard, M.D.

MALE APPLICANT	
Name	First <u>David</u> Middle <u>Sheppard</u> Last <u>Winchester</u>
Date of Birth	Month <u>11</u> Day <u>1</u> Year <u>35</u>
Place of Birth (State or foreign country)	<u>Kentucky</u>
Residence Address	Street or R.R. <u>6702 S. Raceway Rd.</u> City <u>Camby</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>'91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p>	
<p>6. (a) Full name of applicant's father <u>Emer Winchester</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Tennessee</u></p> <p>(b) Full maiden name of applicant's mother <u>Lula P. Hill</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

FEMALE APPLICANT	
Name	First <u>Betty</u> Middle <u>Ann</u> Last <u>Stephenson</u>
Date of Birth	Month <u>9</u> Day <u>26</u> Year <u>40</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u></u> County <u></u> State <u></u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>'89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Vickie R. Stephenson</u></p>	
<p>6. (a) Full name of applicant's father <u>Clarence White</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Effie Trent</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David S. Winchester Date 8-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed David S. Winchester  
New Address Same  
Subscribed and sworn to before me this 2nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Betty L. Stephenson Date 8-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Betty L. Stephenson  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 2nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91, authorizing the marriage of David S. Winchester and Betty L. Stephenson.  
I, John Parson, further certify that the following marriage certificate was filed in my office: (name), certify that on 8-24-91 (date), at Belleville Bible Church in Hendricks County, Indiana, David Winchester of Hendricks County Indiana (state), and Betty Stephenson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91.  
Signed by: /s/ John Parsons Elder, Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-26-91 (date).

Signed Connie Lawson Clerk  
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

No. 400  
File 8-01-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Joseph Thompson, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name <u>Steven Lyle Key</u>	Name <u>Sandra Marie Johnson</u>	Date of Birth <u>1/23/1957</u>	Date of Birth <u>3/3/1958</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Ohio</u>	Residence Address <u>1031 W. 200 S., Danville, Hendricks, Indiana</u>	Residence Address <u>1031 W. 200 S., Danville, Hendricks, Indiana</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1990</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. <u>Christopher Key 10</u> <u>Amanda Key 6</u>	5. List the full names of any dependent children.	6. (a) Full name of applicant's father <u>Otha P. Key</u>	6. (a) Full name of applicant's father <u>Theron E. Johnson</u>
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	Residence of father (if deceased, so state) <u>Indiana</u>	Residence of father (if deceased, so state) <u>Indiana</u>
Birthplace of father (State or foreign country) <u>Kentucky</u>	Birthplace of father (State or foreign country) <u>Ohio</u>	(b) Full maiden name of applicant's mother <u>Maydell Smith</u>	(b) Full maiden name of applicant's mother <u>Nyla Marie Grubill</u>
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state) <u>Indiana</u>	Residence of mother (if deceased, so state) <u>Indiana</u>
Birthplace of mother (State or foreign country) <u>Kentucky</u>	Birthplace of mother (State or foreign country) <u>Ohio</u>	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).		I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Steven L. Key</u>	Signature of Applicant <u>Sandra M. Johnson</u>	Date <u>8-01-91</u>	Date <u>8-01-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.		The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Clerk of Court _____	Date _____	Date _____
State of Indiana _____ ) ss: _____	State of Indiana _____ ) ss: _____	I swear/affirm that the information given in this application is true and correct.	I swear/affirm that the information given in this application is true and correct.
County of <u>HENDRICKS</u> )	County of <u>HENDRICKS</u> )	Signed <u>Sandra M. Johnson</u>	Signed <u>Sandra M. Johnson</u>
New Address <u>Same as above</u>	New Address <u>Same as above</u>	Subscribed and sworn to before me this <u>1</u> day of <u>August</u> , 19 <u>91</u>	Subscribed and sworn to before me this <u>1</u> day of <u>August</u> , 19 <u>91</u>
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) ss: _____	State of Indiana _____ ) ss: _____	County of <u>HENDRICKS</u> )	County of <u>HENDRICKS</u> )
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 _____	Clerk _____

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-91, authorizing the marriage of Steven Lyle Key and Sandra Marie Johnson. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-1-91 (date), at Danville in Hendricks County, Indiana, Steven Lyle Key of Hendricks County Indiana (state), and Sandra Marie Johnson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-1-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-1-91 (date).

Signed Connie Lawson Clerk  
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

No. 401  
File 8-2-91  
Date of Application

HENDRICKS County

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-2-91  
Name of Physician E. Millermaier

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>James</u> Middle <u>W.D.</u> Last <u>Robb</u>	Name	First <u>Cynthia</u> Middle <u>S.</u> Last <u>Stevens</u>
Date of Birth	Month <u>12</u> Day <u>2</u> Year <u>71</u>	Date of Birth	Month <u>7</u> Day <u>25</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>Indpls IN</u>	Place of Birth (State or foreign country)	<u>Indpls IN</u>
Residence Address	Street or R.R. <u>10063 Crawfordville Rd</u> City <u>Indpls</u> County <u>Hen</u> State <u>IN</u>	Residence Address	Street or R.R. <u>1355 N. Ewing St</u> City <u>Indpls</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-30-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>William David Robb</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Texas</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Elizabeth Marie Beck</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Texas</u> Birthplace of mother (State or foreign country) <u>IN</u></p>		<p>6. (a) Full name of applicant's father <u>Ewing Lee Montgomery</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>IN</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Rachel Sue Thompson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>IN</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>X Signature of Applicant <u>James W.D. Robb</u> Date <u>8-2-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Cynthia S. Stevens</u> Date <u>8-2-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	
<p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct.</p> <p>X Signed <u>James W.D. Robb</u> New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>2nd</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct.</p> <p>X Signed <u>Cynthia S. Stevens</u> New Address <u>10063 Crawfordville Rd Apt. #114</u></p> <p>Subscribed and sworn to before me this <u>2nd</u> day of <u>Aug</u>, 19 <u>91</u> <u>Connie Rawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: County of <u>HENDRICKS</u></p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: County of <u>HENDRICKS</u></p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91, authorizing the marriage of James W D Robb and Cynthia S. Stevens. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-23-91 (date), at Danville in Hendricks County, Indiana, James W.D. Robb of Hendricks County Indiana (state), and Cynthia S. Stevens of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-23-91 (date).

Signed Connie Rawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 402

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 7-23-91  
Name of Physician Dr. Norman Whitney, M.D.

MALE APPLICANT	
Name	First <u>Kenneth</u> Middle <u>Leland</u> Last <u>Roth</u>
Date of Birth	Month <u>3</u> Day <u>24</u> Year <u>43</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1008 Valley View Dr. 1</u> City <u>Bloomington</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-80</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father	<u>Arthur Frances Roth</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Vina May Franklin</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Kentucky</u>

FEMALE APPLICANT	
Name	First <u>Judy</u> Middle <u>Yvonne</u> Last <u>Wright</u>
Date of Birth	Month <u>11</u> Day <u>6</u> Year <u>41</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1008 Valley View Dr. 1</u> City <u>Bloomington</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-87</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father	<u>Ernest Clyde Diden</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Kentucky</u>
(b) Full maiden name of applicant's mother	<u>Margie Marie Hardisty</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Kenneth L Roth Date 8-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Kenneth L Roth  
New Address 115 Centenary Rd. Mooresville  
Subscribed and sworn to before me this 2nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Judy Yvonne Wright Date 8-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Judy Yvonne Wright  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 2nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91, authorizing the marriage of Kenneth Leland Roth and Judy Yvonne Wright. I further certify that the following marriage certificate was filed in my office: I, Rev. William J. Bryant (name), certify that on 8-24-91 (date), at Mooresville in Morgan County, Indiana, Kenneth L. Roth of Hendricks County Indiana (state), and Judy Y. Wright of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91. Signed by: /s/ Rev. William J. Bryant Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-30-91 (date).

Signed Connie Lawson Clerk  
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

No. # 403

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 \_\_\_\_\_  
Name of Physician S. Haggard

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Donald</u>	<u>L.</u>	<u>Jenkins</u>	
Date of Birth	Month	Day	Year	
	<u>4</u>	<u>14</u>	<u>49</u>	
Place of Birth (State or foreign country)	<u>IND</u>			
Residence Address	Street or R.R.	City	County	State
	<u>634 Elm Dr.</u>	<u>Pisa</u>		
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>			
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father: <u>Paul Jenkins</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>Pisa, IND</u> Birthplace of father (State or foreign country): <u>IND</u> (b) Full maiden name of applicant's mother: <u>Sarah Elizabeth Shaw</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Same</u> Birthplace of mother (State or foreign country): <u>IND</u>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Judith</u>	<u>K.</u>	<u>Haggard</u>	
Date of Birth	Month	Day	Year	
	<u>2</u>	<u>9</u>	<u>44</u>	
Place of Birth (State or foreign country)	<u>IND</u>			
Residence Address	Street or R.R.	City	County	State
	<u>1732 Beech Dr.</u>	<u>S. Pisa</u>		
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input checked="" type="checkbox"/>	Annulment <input type="checkbox"/>	Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>			
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father: <u>Don Reymen</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>Burg, IND</u> Birthplace of father (State or foreign country): <u>IND</u> (b) Full maiden name of applicant's mother: <u>Thelma V. Morgan</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Burg, IND</u> Birthplace of mother (State or foreign country): <u>IND</u>				

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 8-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] I swear/affirm that the information given in this application is true and correct.  
New Address 1732 Beech Dr. South  
Subscribed and sworn to before me this 2 day of 8, 19 91  
Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 8/2/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] I swear/affirm that the information given in this application is true and correct.  
New Address OBAMA  
Subscribed and sworn to before me this 2 day of 8, 19 91  
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91, authorizing the marriage of DONALD L. JENKINS and JUDITH K. HAGGARD. I further certify that the following marriage certificate was filed in my office: I, WILLIAM P. HENDRICKS (name), certify that on 8-17-91 (date), at WASHINGTON TOWNSHIP in HENDRICKS County, Indiana, DONALD L. JENKINS of HENDRICKS County IN (state), and JUDITH K. HAGGARD of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-2-91. Signed by: WILLIAM P. HENDRICKS, MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-21-91 (date).

Signed [Signature] Clerk  
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

No. 404

File 8-5-91

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 7-31-91  
Name of Physician Dr. Stephen C. Heeger, D.O.

MALE APPLICANT	
Name	First <u>Eval</u> Middle <u>Richard</u> Last <u>Burton</u>
Date of Birth	Month <u>1</u> Day <u>22</u> Year <u>62</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1249 S. Kappes</u> City <u>Angola</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>12-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father	<u>Eval Junior Burton</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Wisconsin</u>
(b) Full maiden name of applicant's mother	<u>Julia A. Miller</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Wisconsin</u>

FEMALE APPLICANT	
Name	First <u>Teresa</u> Middle <u>Anne</u> Last <u>Kleintank</u>
Date of Birth	Month <u>3</u> Day <u>12</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Marion, Ind.</u>
Residence Address	Street or R.R. <u>RR 3 Box 326 A</u> City <u>Clayton</u> County <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>—</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>—</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father	<u>Gerald Alfred Kleintank</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Ohio</u>
(b) Full maiden name of applicant's mother	<u>Gloria Jean Harding</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Ohio</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Eval Burton Date 8-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Eval Burton  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Teresa Kleintank Date 8-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Teresa Kleintank  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-5-91, authorizing the marriage of Eval Richard Burton and Teresa Anne Kleintank. I further certify that the following marriage certificate was filed in my office: I, The Rev. Joyce A. Johnson (name), certify that on 8-17-91 (date), at the Kleintank Residence in Hendricks County, Indiana, Eval Richard Burton of Marion County Indiana (state), and Teresa Anne Kleintank of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-5-91. Signed by: /s/ Joyce A. Johnson, ELCA Clergy-Chaplain (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-20-91 (date).

Signed Connie Lawson Clerk  
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

No. 405  
File \_\_\_\_\_  
Date of Application 8-6-91

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 8-1-91  
Name of Physician Robert Heavin, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name First <u>Brian</u> Middle <u>Michael</u> Last <u>Stephenson</u>	Name First <u>Susan</u> Middle <u>Rae</u> Last <u>Davis</u>	Date of Birth Month <u>9</u> Day <u>28</u> Year <u>63</u>	Date of Birth Month <u>5</u> Day <u>5</u> Year <u>70</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Residence Address Street or R.R. <u>R.R. 1 Box 23</u> City <u>Coatesville</u> County <u>Hendricks</u> State <u>IN</u>	Residence Address Street or R.R. <u>R.R. 1 Box 895</u> City <u>Brookville</u> County <u>Parke</u> State <u>IN</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>Michael Ray Stephenson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Karen Ann Greenle</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father: <u>Harold Ray Davis</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Viola Mary Butler</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Brian Stephenson</u> Date <u>8-6-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) In this application is true and correct. Signed <u>Brian Stephenson</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>6th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Susan R. Davis</u> Date <u>8-6-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) In this application is true and correct. Signed <u>Susan R. Davis</u> New Address _____ Subscribed and sworn to before me this <u>6th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-6-91, authorizing the marriage of Brian M. Stephenson and Susan R. Davis. I further certify that the following marriage certificate was filed in my office: I, Frank Bunn (name), certify that on 9-7-91 (date), at Coatesville in Hendricks County, Indiana, Brian Stephenson of Hendricks County Indiana (state), and Susan Davis of Parke County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-6-91. Signed by: /s/ Frank Bunn Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-10-91 (date).

Signed Connie Lawson Clerk  
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

No. 406

File 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 ☐

If No, Medical Examination or Report Dated

Name of Physician Family Doctors of P. Field

MALE APPLICANT	
Name	First <u>Jerry</u> Middle <u>Scott</u> Last <u>Case</u>
Date of Birth	Month <u>10</u> Day <u>08</u> Year <u>1966</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Rt. 1, Box 508</u> City <u>Clayton</u> County <u>Hendricks</u> State <u>Indiana</u> Zip <u>46118</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Jerry Lee Case</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Loretta Sue Napier</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ohio</u></p>	

FEMALE APPLICANT	
Name	First <u>Susan</u> Middle <u>Marie</u> Last <u>Shiffman</u>
Date of Birth	Month <u>12</u> Day <u>03</u> Year <u>1960</u>
Place of Birth (State or foreign country)	<u>California</u>
Residence Address	Street or R.R. <u>11989 N. 40th St.</u> City <u>Royal Palm Beach</u> County <u>Palm Beach</u> State <u>Florida</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>John Lyons</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>California</u> Birthplace of father (State or foreign country) <u>Wisconsin</u></p> <p>(b) Full maiden name of applicant's mother <u>Karen Young</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>California</u> Birthplace of mother (State or foreign country) <u>Utah</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jerry Scott Case Date 8-6-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: Jerry Scott Case  
Signed Jerry Scott Case in this application is true and correct.  
New Address Danville  
Subscribed and sworn to before me this 6 day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Susan Marie Shiffman Date 8-6-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: Susan Marie Shiffman  
Signed Susan Marie Shiffman in this application is true and correct.  
New Address Rt. 1, Box 508, Clayton, Indiana 46118  
Subscribed and sworn to before me this 6 day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-6-91, authorizing the marriage of Jerry Scott Case and Susan Marie Shiffman. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-6-91 (date), at Danville in Hendricks County, Indiana, Jerry Scott Case of Hendricks County Indiana (state), and Susan Marie Shiffman of Palm Beach County Florida (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-6-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-6-91 (date).

Signed Connie Lawson Clerk  
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

No. 407  
File \_\_\_\_\_  
Date of Application 8-6-91

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 9-14-84  
Name of Physician Dr. D. L. Williams, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name: First <u>James</u> Middle <u>Allen</u> Last <u>Burney</u></p> <p>Date of Birth: Month <u>11</u> Day <u>5</u> Year <u>58</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: Street or R.R. <u>1742 Esther Ct.</u> City <u>Ellettsville</u> County <u>Hendricks</u> State <u>Ind.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Conrad Allen Burney</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Marsha Dana Steiman</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>Name: First <u>Mardene</u> Middle <u>Sue</u> Last <u>Rodebaugh</u></p> <p>Date of Birth: Month <u>3</u> Day <u>30</u> Year <u>54</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: Street or R.R. <u>1742 Esther Ct.</u> City <u>Ellettsville</u> County <u>Hendricks</u> State <u>Ind.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>'88</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jennifer Leigh Rodebaugh, Cherie Marie Rodebaugh</u></p> <p>6. (a) Full name of applicant's father: <u>Jimmy Don Rhoton</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Bail Gene Haritt</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>[Signature]</u> Date <u>8-6-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>[Signature]</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>6th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>[Signature]</u> Date <u>8/6/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>[Signature]</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>6th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_, authorizing the marriage of \_\_\_\_\_ and \_\_\_\_\_. I further certify that the following marriage certificate was filed in my office: I, \_\_\_\_\_ (name), certify that on \_\_\_\_\_ (date), at \_\_\_\_\_ in \_\_\_\_\_ County, Indiana, \_\_\_\_\_ of \_\_\_\_\_ County \_\_\_\_\_ (state), and \_\_\_\_\_ of \_\_\_\_\_ County \_\_\_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_ Signed by: \_\_\_\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 408

File

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 Blairfield Immediate Care

**MALE APPLICANT**

Name Dwight First mateland Middle Simmons Last D.  
Date of Birth Month 2 Day 18 Year 69  
Place of Birth (State or foreign country) Franklin Tenn.  
Residence Address Street or R.R. 328 Ramez St. City plfd County Hendricks State IN.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- Full name of applicant's father Dwight Mateland Simmons, Jr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Illinois  
Birthplace of father (State or foreign country) Alabama
- Full maiden name of applicant's mother Jolleen Burbeck  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Tenn.

**FEMALE APPLICANT**

Name Christie First Dorlene Middle Howard Last H.  
Date of Birth Month 7 Day 21 Year 71  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. Same City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- Full name of applicant's father Jerry Edward Howard  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Unknown  
Birthplace of father (State or foreign country) Indiana
- Full maiden name of applicant's mother Gloria Jean Quebbert  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Dwight Simmons Date Aug. 7, 91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Dwight Simmons  
New Address Same  
Subscribed and sworn to before me this 7th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Christie Howard Date 8-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Christie Howard  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 7th day of July, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-21-91, authorizing the marriage of DWIGHT M. SIMMONS and CHRISTIE D. HOWARD. I further certify that the following marriage certificate was filed in my office: I, EDWARD RIPPERGER (name), certify that on 8-17-91 (date), at MOORESVILLE in MORGAN County, Indiana, DWIGHT M. SIMMONS of HENDRICKS County IN (state), and CHRISTIE D. HOWARD of HENDRICKS County IN (state) were 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/ EDWARD RIPPERGER, CATHOLIC PRIEST (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-21-91 (date).

Signed Connie Lawson Clerk  
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

No. 409  
File 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 \_\_\_\_\_  
Name of Physician Dr. J. Scheckel

**MALE APPLICANT**

Name Jonathon Dewayne House  
Date of Birth 4 5 72  
Place of Birth (State or foreign country) IN  
Residence Address 2424 W. 200 N Rd. Danville IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Brandon House
- (a) Full name of applicant's father Donald D. House  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Danville IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Mary J. Ferrell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Danville IN  
Birthplace of mother (State or foreign country) W. VA

**FEMALE APPLICANT**

Name Jennifer Elaine Lawson  
Date of Birth 3 10 73  
Place of Birth (State or foreign country) IN  
Residence Address 2424 W. 200 N Rd. Danville IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Briana Lawson  
Brandon House
- (a) Full name of applicant's father Alfred A. Lawson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Rushville IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Laura E. Simmons  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indpls. IN  
Birthplace of mother (State or foreign country) TN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jonathon Dewayne House Date 8-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.

Signed Jonathon Dewayne House  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 7th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jennifer Lawson Date 8-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.

Signed Jennifer Lawson  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 7th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-7-91, authorizing the marriage of Jonathon Dewayne House and Jennifer Elaine Lawson.

I, Richard A. Haney, further certify that the following marriage certificate was filed in my office: (name), certify that on 8-10-91 (date), at Indianapolis in Marion County, Indiana, Jonathon Dewayne House of Hendricks County Indiana (state), and Jennifer Elaine Lawson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Richard A. Haney, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-12-91 (date).

Signed Connie Lawson Clerk  
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

No. 410

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 ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. Bushy, Johnson

MALE APPLICANT			
Name	First	Middle	Last
<u>Barry</u>	<u>Lee</u>	<u>Kelly</u>	
Date of Birth	Month	Day	Year
	<u>10</u>	<u>4</u>	<u>66</u>
Place of Birth (State or foreign country) <u>Alabama</u>			
Residence Address	Street or R.R.	City	County State
<u>1329 B. Apple Tree Lane</u>	<u>Hoover</u>	<u>Jefferson</u>	<u>Al</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____			
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____			
1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>Walter Houston Kelly</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Al</u> Birthplace of father (State or foreign country) <u>NC</u> (b) Full maiden name of applicant's mother <u>Mary Ovada Tisdale</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Al</u> Birthplace of mother (State or foreign country) <u>Al</u>			

FEMALE APPLICANT			
Name	First	Middle	Last
<u>Kimberly</u>	<u>Ann</u>	<u>Fulfs</u>	
Date of Birth	Month	Day	Year
	<u>Jan</u>	<u>31</u>	<u>70</u>
Place of Birth (State or foreign country) <u>Indiana</u>			
Residence Address	Street or R.R.	City	County State
<u>7575 N. 650E</u>	<u>Burg</u>	<u>Hendricks</u>	<u>IN</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____			
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____			
1. Are you now or have you ever been adjudged to be of unsound mind? No <input type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>George Keith Fulfs (Fulfs)</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Nancy Arlene Armstrong</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>			

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Barry Lee Kelly Date 8-8-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Barry Lee Kelly  
New Address 1329 B Apple Tree Lane Hoover AL  
Subscribed and sworn to before me this 8 day of Aug, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Kimberly Ann Fulfs Date 8-8-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Kimberly Ann Fulfs  
New Address 1329 B Apple Tree Lane Hoover AL  
Subscribed and sworn to before me this 8 day of Aug, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91, authorizing the marriage of Barry Lee Kelly and Kimberly Ann Fulfs. I further certify that the following marriage certificate was filed in my office: I, Rev. Leonard Maynard, Jr. (name), certify that on 8-10-91 (date), at Bethesda Baptist Church-Brownsburg in Hendricks County, Indiana, Barry Lee Kelly of Jefferson County Alabama (state), and Kimberly Ann Fulfs of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Rev. Leonard Maynard, Jr. Asst. Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-26-91 (date).

Signed Connie Lawson Clerk  
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

No. 411

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 ☐  
If No, Medical Examination or Report Dated 7-20-91  
Name of Physician Dr. Powell, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Bryan</u> Middle <u>Stephen</u> Last <u>Landis</u>	Name	First <u>Susan</u> Middle <u>Lynette</u> Last <u>Simmons</u>
Date of Birth	Month <u>July</u> Day <u>28</u> Year <u>71</u>	Date of Birth	Month <u>12</u> Day <u>1</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>	Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>759 Aron Rd.</u> City <u>Blainfield</u> County <u>Hendricks</u> State <u>Ind.</u>	Residence Address	Street or R.R. <u>524 N. 50 E</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>George J. Landis</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Vicki R. Lane</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father: <u>Harold J. Simmons</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Deezy S. Meyer</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Bryan Landis</u> Date <u>8/8/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>X Bryan Landis</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>8th</u> day of <u>Aug</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Susan Simmons</u> Date <u>8/8/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>X Susan Simmons</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>8th</u> day of <u>Aug</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91, authorizing the marriage of Bryan Stephen Landis and Susan Lynette Simmons. I further certify that the following marriage certificate was filed in my office: I, Perry Anderson (name), certify that on 8-10-91 (date), at Greenwood in Johnson County, Indiana, Bryan S. Landis of Hendricks County Indiana (state), and Susan L. Simmons of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Perry Anderson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-13-91 (date).

Signed Connie Lawson Clerk  
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

No. 412  
File 8-08-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Rogers

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Barton</u> Last <u>Daniels</u>
Date of Birth	Month <u>7</u> Day <u>22</u> Year <u>1967</u>
Place of Birth (State or foreign country)	<u>California</u>
Residence Address	Street or R.R. <u>R.2, Box 224-42, Pittsboro</u> City <u>Hendricks</u> State <u>Indiana</u> Zip <u>46167</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Barry L. Daniels</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Michigan</u> (b) Full maiden name of applicant's mother <u>Carol E. (Mare) Atkins</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

FEMALE APPLICANT	
Name	First <u>Angela</u> Middle <u>Faith</u> Last <u>Hopper</u>
Date of Birth	Month <u>6</u> Day <u>24</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>15 Dagwood Ln., Brownsburg</u> City <u>Hendricks</u> State <u>Indiana</u> Zip <u>46112</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Immunization Record + Voter's Registration Record</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Jesse D. Hopper, Jr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Jan M. Mendenhall</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant William Barton Daniels Date 8-8-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed William Barton Daniels In this application is true and correct.  
New Address 3442 Beluga Lane Apt. 2A, Indianapolis, IN 46214  
Subscribed and sworn to before me this 8 day of August, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Angela Faith Hopper Date 8-8-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Angela Faith Hopper In this application is true and correct.  
New Address 3442 Beluga Lane Apt. 2A, Indianapolis, IN 46214  
Subscribed and sworn to before me this 8 day of August, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91, authorizing the marriage of William Barton Daniels and Angela Faith Hopper. I further certify that the following marriage certificate was filed in my office: I, Steven R. Reeves (name), certify that on 9-7-91 (date), at Brownsburg in Hendricks County, Indiana, William Barton Daniels of Hendricks County Indiana (state), and Angela Faith Hopper of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91. Signed by: /s/ Steven T. Reeves Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-10-91 (date).

Signed Connie Lawson Clerk  
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

No. 413

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 ☐  
If No, Medical Examination or Report Dated 8-5-91  
Name of Physician Thomas O. Moore, M.D.

**MALE APPLICANT**

Name First John Middle Paul Last Voils  
Date of Birth Month 2 Day 11 Year 65  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
9601 E. 950N Brownsburg, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -

6. (a) Full name of applicant's father Alex R. Voils  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Patricia L. Patterson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 8/8/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ I swear/affirm that the information given  
County of HENDRICKS ss: \_\_\_\_\_ in this application is true and correct.  
Signed [Signature]  
New Address Same  
Subscribed and sworn to before me this 8th day of August, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name First Tawanna Middle Sue Last Coy  
Date of Birth Month 2 Day 29 Year 68  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
Same  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. -

6. (a) Full name of applicant's father -  
(If adopted, list adoptive parents only) Bory Lee Coy  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Elan Adele Cowgill  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Tawanna S Coy Date 8-8-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ I swear/affirm that the information given  
County of HENDRICKS ss: \_\_\_\_\_ in this application is true and correct.  
Signed Tawanna S Coy  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8th day of August, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91, authorizing the marriage of John Paul Voils and Tawanna Sue Coy. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-17-91 (date), at Flat Rock in Shelby County, Indiana, John Paul Voils of Hendricks County Indiana (state), and Tawanna Sue Coy of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ Paul R. Dunklan Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-5-91 (date).

Signed Connie Dawson Clerk  
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

No. 414

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Norman White

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Randy</u> Middle <u>David</u> Last <u>Winters</u>	Name	First <u>Mary</u> Middle <u>Michelle</u> Last <u>Ritchie</u>
Date of Birth	Month <u>4</u> Day <u>24</u> Year <u>67</u>	Date of Birth	Month <u>3</u> Day <u>14</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>IL</u>	Place of Birth (State or foreign country)	<u>OH</u>
Residence Address	Street or R.R. <u>RR 1 Box 187</u> City <u>Monrovia</u> County _____ State _____	Residence Address	Street or R.R. _____ City <u>PAH</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Military ID &amp; Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Nicholas A. Smith</u></p>	
<p>6. (a) Full name of applicant's father <u>Earnest Frank Winters</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Monrovia IL</u> Birthplace of father (State or foreign country) <u>PA</u></p> <p>(b) Full maiden name of applicant's mother <u>Beverly Kay Meek</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>PA</u></p>		<p>6. (a) Full name of applicant's father <u>Robert Douglas Ritchie</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Emmerine IL</u> Birthplace of father (State or foreign country) <u>W. VA</u></p> <p>(b) Full maiden name of applicant's mother <u>Carol Sullivan</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Columbus OH</u> Birthplace of mother (State or foreign country) <u>W. VA.</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Randy D. Winters</u> Date <u>8-8-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Randy D. Winters</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>8</u> day of <u>8</u>, 19 <u>91</u> <u>Loanne Spawan</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Mary M. Ritchie</u> Date <u>8-8-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Mary M. Ritchie</u> in this application is true and correct. New Address <u>Same as above</u> Subscribed and sworn to before me this <u>8</u> day of <u>8</u>, 19 <u>91</u> <u>Loanne Spawan</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91, authorizing the marriage of RANDY DAVID WINTERS and MAY MICHELLE RITCHIE. I further certify that the following marriage certificate was filed in my office: (date), at GREENCASTLE in PUTNAM County, Indiana, RANDY DAVID WINTERS of MORGAN County IN (state), and MARY MICHELLE RITCHIE of HENDRICKS County IN (state) were 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 Loanne Spawan Clerk  
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

No. 415

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 ☐  
If No, Medical Examination or Report Dated 7-16-91  
Name of Physician Dr. Stephen Heeger, M.D.

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Carol</u>	<u>Hewitt</u>	<u>Eubank</u>	
Date of Birth	Month	Day	Year	
	<u>5</u>	<u>31</u>	<u>38</u>	
Place of Birth (State or foreign country) <u>Kentucky</u>				
Residence Address	Street or R.R.	City	County	State
	<u>8181 Oak Hill Dr.</u>	<u>Indigo</u>	<u>Marion</u>	<u>Ind.</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-78</u>				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>—</u>				
6. (a) Full name of applicant's father. <u>Crawford Hewitt Eubank</u> (If adopted, list adoptive parents only) <u>Deceased</u> Residence of father (if deceased, so state) <u>Ky.</u> Birthplace of father (State or foreign country) <u>Ky.</u>				
(b) Full maiden name of applicant's mother. <u>Mary Vanita Baker</u> (If adopted, list adoptive parents only) <u>Ky.</u> Residence of mother (if deceased, so state) <u>Ky.</u> Birthplace of mother (State or foreign country) <u>Ky.</u>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Janice Anita</u>	<u>Vermillion</u>		
Date of Birth	Month	Day	Year	
	<u>6</u>	<u>25</u>	<u>48</u>	
Place of Birth (State or foreign country) <u>Indiana</u>				
Residence Address	Street or R.R.	City	County	State
	<u>977 Hawthorne Dr.</u>	<u>Ellettsville</u>	<u>Hendricks</u>	<u>Ind.</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>				
Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-89</u>				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>				
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>				
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				
5. List the full names of any dependent children. <u>Richard Lee Vermillion, Candice Lee Vermillion</u>				
6. (a) Full name of applicant's father. <u>Edward Joseph Shatz</u> (If adopted, list adoptive parents only) <u>Indiana</u> Residence of father (if deceased, so state) <u>Pa.</u> Birthplace of father (State or foreign country) <u>Pa.</u>				
(b) Full maiden name of applicant's mother. <u>Mary Elizabeth Wilson</u> (If adopted, list adoptive parents only) <u>Deceased</u> Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>				

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carol H. Eubank Date Aug. 8, 1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Carol H. Eubank in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 8th day of August, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Janice A. Vermillion Date Aug. 8, 1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Janice A. Vermillion in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 8th day of August, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-8-91, authorizing the marriage of Carol H. Eubank and Janice A. Vermillion. I further certify that the following marriage certificate was filed in my office: I, Rev. Alberta Allee Diehl (name), certify that on 8-17-91 (date), at Indianapolis in Marion County, Indiana, Carol H. Eubank of Hendricks County Indiana (state), and Janice A. Vermillion of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ Alberta Allee Diehl Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-29-91 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 4116File 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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Charles Triggler, M.D.

MALE APPLICANT	
Name	First <u>Brian</u> Middle <u>Eugene</u> Last <u>Gatewood</u>
Date of Birth	Month <u>5</u> Day <u>28</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>8503 W. Catherine #610 Chicago, Cook, Illinois</u> City <u>Chicago</u> County <u>Cook</u> State <u>Illinois</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u> Aaron Eugene Gatewood</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Sharon Lee Harmon</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Kelli</u> Middle <u>Jean</u> Last <u>Bennett</u>
Date of Birth	Month <u>2</u> Day <u>20</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Mackey RD. P.O. Box 166, Danville, Hendricks, IN</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>William Allen Bennett</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Donna Elaine Muncie</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Brian E Gatewood Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Brian E Gatewood  
New Address Same  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Kelli J. Bennett Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed X Kelli J. Bennett  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-91, authorizing the marriage of Brian E. Gatewood and Kelli J. Bennett. I further certify that the following marriage certificate was filed in my office: Rev. Ronald E. McDoyle (name), certify that on 8-10-91 (date), at Danville in Hendricks County, Indiana, Brian E. Gatewood of Cook County Illinois (state), and Kelli J. Bennett of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Rev. Ronald E. McDoyle Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-16-91 (date).

Signed Connie Lawson Clerk  
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

No. 417

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Donald Stegmeier, MD

MALE APPLICANT

Name Gerald First Bradley Middle Burnell Last  
Date of Birth 8 Month 27 Day 62 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 2260 W. Main St. #2 Danville, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-9-90  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Brook Anthony Burnell
- (a) Full name of applicant's father Gerald Wayne Burnell  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sandra Suzanne Martin  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Gerald B. Burnell Date 7-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Gerald B. Burnell in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Shani First Jo Middle Scolaro Last  
Date of Birth 6 Month 2 Day 71 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address Same Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Mark Anthony Scolaro  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Jean Marie Money  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Unknown

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Shani Jo Scolaro Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Shani Jo Scolaro in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-91, authorizing the marriage of Gerald B. Burnell and Shani J. Scolaro. I further certify that the following marriage certificate was filed in my office: I, Dr. Andrew P. Crowley (name), certify that on 8-10-91 (date), at Speedway in Marion County, Indiana, Gerald B. Burnell of Hendricks County Indiana (state), and Shani J. Scolaro of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-10-91. Signed by: /s/ Andrew P. Crowley Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-15-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 418

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Huang

**MALE APPLICANT**

Name Richard Allen Rush  
Date of Birth Oct. 11 1971  
Place of Birth (State or foreign country) Indpls. In  
Residence Address 675 1/2 E. Main St. Danville In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Cornel R. Rush  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Bainbridge In.  
Birthplace of father (State or foreign country) Indpls. In.  
(b) Full maiden name of applicant's mother Marcia Reehl  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Spencer, In.  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Angela Carron Thompson  
Date of Birth Feb. 9 1975  
Place of Birth (State or foreign country) Lafayette Ind.  
Residence Address 675 1/2 E. Main St. Danville In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐

5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Paul Jay Thompson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Bainbridge In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Noelle Ann Bottorff  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Bainbridge, In.  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Richard Allen Rush Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Richard Allen Rush  
New Address 675 1/2 E. Main St. Danville, In. 46122  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Angela Carron Thompson Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Angela Carron Thompson  
New Address 675 1/2 E. Main St. Danville, In. 46122  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-91, authorizing the marriage of Richard Allen Rush and Angela Carron Thompson. I further certify that the following marriage certificate was filed in my office: I, John W. McFarland (name), certify that on 8-17-91 (date), at Bainbridge in Putnam County, Indiana, Richard Allen Rush of Hendricks County Indiana (state), and Angela Carron Thompson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ John W. McFarland Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-20-91 (date).

Signed Connie Lawson Clerk  
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

No. 419

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

MALE APPLICANT	
Name	Kevin Edward Holding
Date of Birth	October 4, 1969
Place of Birth (State or foreign country)	Indes In.
Residence Address	2727 Embassy Row, Spang, IN 46334
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children: <u>None</u> 6. (a) Full name of applicant's father: <u>Spang Eugene Holding</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Sheila Diane Burden</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	Daena Eileen Dummel
Date of Birth	Sept. 25, 1971
Place of Birth (State or foreign country)	Indes In.
Residence Address	11638 Stanley Rd, Plainfield, IN 46160
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children: <u>None</u> 6. (a) Full name of applicant's father: <u>Alexis William Dummel</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Paula Marie Kroll</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Kevin Holding Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Kevin Holding  
New Address Same  
Subscribed and sworn to before me this 9th day of Aug, 19 91  
Connie Gausson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Daena Dummel Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Daena Dummel  
New Address 2727 Embassy Row #422 Spang, IN 46334  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Gausson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-91, authorizing the marriage of Kevin Edward Holding and Daena Eileen Dummel. I further certify that the following marriage certificate was filed in my office:  
I, R. Fred RodKey (name), certify that on 8-24-91 (date), at Avon, Indiana in Hendricks County, Indiana, Kevin Edward Holding of Marion County Indiana (state), and Daena Eileen Dummel of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91.  
Signed by: /s/ R. Fred RodKey Associate Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-27-91 (date).

Signed Connie Gausson Clerk  
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

No. 420  
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 ☐  
If No, Medical Examination or Report Dated 8-5-91  
Name of Physician Dr. Priest, M.D. - Metro Health

MALE APPLICANT	
Name	First <u>Mark</u> Middle <u>Andrew</u> Last <u>Elmore</u>
Date of Birth	Month <u>4</u> Day <u>18</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>17 Glenda Dr.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Theodore Fredrick Elmore</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Bonnie Dee Cook</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Eva</u> Middle <u>Marie</u> Last <u>Pittman</u>
Date of Birth	Month <u>9</u> Day <u>30</u> Year <u>72</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>231 Gibson Dr.</u> City <u>Mooresville</u> County <u>Morgan</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Birth Certificate</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Roger Dale Pittman</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Carol Ann Williamson</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Mark Elmore Date 8-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: X Mark Elmore  
Signed \_\_\_\_\_ in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Eva M. Pittman Date 08-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: X Eva M. Pittman  
Signed \_\_\_\_\_ in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-9-91, authorizing the marriage of Mark Andrew Elmore and Eva Marie Pittman. I further certify that the following marriage certificate was filed in my office: I, Abraham Athialy (name), certify that on 8-17-91 (date), at Indianapolis in Marion County, Indiana, Mark A. Elmore of Hendricks County Indiana (state), and Eva M. Pittman of Morgan County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ Abraham Athialy Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-30-91 (date).

Signed Connie Lawson Clerk  
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

No. 421

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 7-16-91  
Name of Physician Taren Beard, M.D.

## MALE APPLICANT

Name Rodney First William Middle Heard Last  
Date of Birth 4 Month 3 Day 66 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 6024 Ward Dr. Apt. 0, Speedway, Marion, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. ---

- (a) Full name of applicant's father Darry William Heard  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Sharon Jean Noe  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Rodney W. Heard Date 8/12/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Rodney Heard  
New Address Same  
Subscribed and sworn to before me this 12th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Tonya First Marie Middle Saulsbury Last  
Date of Birth 12 Month 12 Day 69 Year  
Place of Birth (State or foreign country) Ohio  
Residence Address 1025 Pinewood St. S, Plainfield, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. ---

- (a) Full name of applicant's father Joseph Donald Saulsbury  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Glenda Geraldine Fredrick  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Tonya M. Saulsbury Date 8/12/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Tonya M. Saulsbury  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-12-91, authorizing the marriage of 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 on 8-16-91 (date), at Plainfield in Hendricks County, Indiana, Rodney William Heard of Hendricks County Indiana (state), and Tonya Marie Saulsbury of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-12-91. Signed by: /s/ Rev. John C. Parsley Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-19-91 (date).

Signed Connie Lawson Clerk  
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

No. 422

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 Blank

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Danny</u> Middle <u>E.</u> Last <u>Snow</u>	Name	First <u>Sherilane</u> Middle <u>B.</u> Last <u>Sears</u>
Date of Birth	Month <u>11</u> Day <u>24</u> Year <u>58</u>	Date of Birth	Month <u>2</u> Day <u>9</u> Year <u>61</u>
Place of Birth (State or foreign country)	<u>IN</u>	Place of Birth (State or foreign country)	<u>MO.</u>
Residence Address	Street or R.R. <u>396 Lincoln St</u> City <u>Danville</u> County <u>IN</u> State <u>IN</u>	Residence Address	Street or R.R. <u>68 N. 300 E.</u> City <u>Danville</u> County <u>IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>90'</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Corey Sears</u></p>	
<p>6. (a) Full name of applicant's father <u>Posby E. Snow</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Danville IN</u> Birthplace of father (State or foreign country) <u>KY</u></p> <p>(b) Full maiden name of applicant's mother <u>Rosemarie Cantrell</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Danville IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>		<p>6. (a) Full name of applicant's father <u>Robert L. Wathington</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>KY</u></p> <p>(b) Full maiden name of applicant's mother <u>Margot B. Wagner</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Kingman Az</u> Birthplace of mother (State or foreign country) <u>Frankfurt Germany</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Danny E. Snow</u> Date <u>8-12-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Danny E. Snow</u> New Address _____ Subscribed and sworn to before me this <u>12</u> day of <u>8</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Sherilane B. Sears</u> Date <u>8-12-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Sherilane B. Sears</u> New Address <u>Same as above</u> Subscribed and sworn to before me this <u>12</u> day of <u>8</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-12-91, authorizing the marriage of Danny E. Snow and Sherilane B. Sears. I further certify that the following marriage certificate was filed in my office: I, Robert E. Jones (name), certify that on 9-14-91 (date), at Danville in Hendricks County, Indiana, Danny E. Snow of Hendricks County Indiana (state), and Sherilane B. Sears of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Robert E. Jones Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-27-91 (date).

Signed Connie Lawson Clerk  
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

No. 423

File 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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-31-91  
Name of Physician Dr. Delmarh Ciancone

MALE APPLICANT	
Name	First <u>Scott</u> Middle <u>Carl</u> Last <u>Falkenberg</u>
Date of Birth	Month <u>3</u> Day <u>21</u> Year <u>48</u>
Place of Birth (State or foreign country)	<u>South Dakota</u>
Residence Address	Street or R.R. <u>11838 Austin Dr.</u> City <u>Indigo, Hendricks, In.</u> County <u>Hendricks</u> State <u>In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Melissa Falkenberg</u></p>	
<p>6. (a) Full name of applicant's father <u>Jack C. Falkenberg</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>South Dakota</u></p> <p>(b) Full maiden name of applicant's mother <u>Beverly Ann Young</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>South Dakota</u></p>	

FEMALE APPLICANT	
Name	First <u>Janet</u> Middle <u>Mae</u> Last <u>Bridges</u>
Date of Birth	Month <u>6</u> Day <u>20</u> Year <u>47</u>
Place of Birth (State or foreign country)	<u>Ohio</u>
Residence Address	Street or R.R. <u>Same</u> City <u>Ohio</u> County <u>Ohio</u> State <u>Ohio</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p>	
<p>6. (a) Full name of applicant's father <u>Arnold Burkholder</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Ohio</u> Birthplace of father (State or foreign country) <u>Ohio</u></p> <p>(b) Full maiden name of applicant's mother <u>Mary Jane May</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Ohio</u> Birthplace of mother (State or foreign country) <u>Ohio</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Scott C. Falkenberg Date 8-13-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Scott C. Falkenberg  
New Address Same  
Subscribed and sworn to before me this 13th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Janet Bridges Date 8-13-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed Janet Bridges  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-13-91, authorizing the marriage of Scott C. Falkenberg and Janet M. Bridges. I further certify that the following marriage certificate was filed in my office: (date), at Messiah Lutheran Church - Brownsburg in Hendricks County, Indiana, Scott C. Falkenberg of Marion County Indiana (state), and Janet M. Bridges of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-17-91. Signed by: /s/ Rev. William H. Steinke Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-12-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 424

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-13-91  
Name of Physician Dr. Mark Innes, M.D.

MALE APPLICANT	FEMALE APPLICANT
<p>Name: First <u>Todd</u> Middle <u>-</u> Last <u>Dunn</u></p> <p>Date of Birth: Month <u>10</u> Day <u>27</u> Year <u>62</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: Street or R.R. <u>R.R. 1 Box 345</u> City <u>Fillmore</u> County <u>Putnam</u> State <u>In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-89</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>	<p>Name: First <u>Dana</u> Middle <u>Ann</u> Last <u>Scaggs</u></p> <p>Date of Birth: Month <u>3</u> Day <u>30</u> Year <u>64</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: Street or R.R. <u>209 E. Main</u> City <u>Brownsville</u> County <u>Hendricks</u> State <u>In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-90</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>-</u></p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Sara Nicole Scaggs</u>, <u>Alyssa Ann Scaggs</u></p>
<p>6. (a) Full name of applicant's father: <u>Carl M. Dunn</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Linda L. Taylor</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	<p>6. (a) Full name of applicant's father: <u>Ronald Byrd</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Marilyn Overhiser</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>X Todd Dunn</u> Date: <u>8-13-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>X Dana Scaggs</u> Date: <u>8-13-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court: _____ Date: _____</p>
<p>State of Indiana ) County of <u>HENDRICKS</u> ss: _____ Signed: <u>X Todd Dunn</u> in this application is true and correct. New Address: _____ Subscribed and sworn to before me this <u>13th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p>State of Indiana ) County of <u>HENDRICKS</u> ss: _____ Signed: <u>X Dana Scaggs</u> in this application is true and correct. New Address: <u>Same</u> Subscribed and sworn to before me this <u>13th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-13-91, authorizing the marriage of Todd Dunn and Dana A. Scaggs. I further certify that the following marriage certificate was filed in my office: 8-31-91 (name), certify that on Putnam County, Indiana, (date), at First Assembly of God - Greencastle in Putnam County, Indiana, (state), and Todd Dunn of Putnam County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-91. Signed by: /s/ Rev. James R. Brown Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-5-91 (date).

Signed Connie Lawson Clerk  
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

No. 425

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Allen Baker

MALE APPLICANT					
Name	First	Middle	Last		
	Kenneth	L.	Roe		
Date of Birth	Month	Day	Year		
	11	14	51		
Place of Birth (State or foreign country)					
IN					
Residence Address	Street or R.R.	City	County	State	
514 Trevor St. B'burg					
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages 1					
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 78'					
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic.					
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
5. List the full names of any dependent children. <u>Stacia M. Roe</u>					
6. (a) Full name of applicant's father <u>Wendall Roe</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Naples Florida</u> Birthplace of father (State or foreign country) <u>IN</u>					
(b) Full maiden name of applicant's mother <u>Ruby Moore</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u>					

FEMALE APPLICANT					
Name	First	Middle	Last		
	Kelen	K.	Roe		
Date of Birth	Month	Day	Year		
	8	15	50		
Place of Birth (State or foreign country)					
IN					
Residence Address	Street or R.R.	City	County	State	
Same					
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages 1					
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 78'					
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic.					
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>					
2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>					
5. List the full names of any dependent children. <u>Same</u>					
6. (a) Full name of applicant's father <u>Kenneth V. Frick</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indpls. IN</u> Birthplace of father (State or foreign country) <u>IN</u>					
(b) Full maiden name of applicant's mother <u>Helen G. Goss</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>IN</u>					

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kenneth L. Roe Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Kenneth L. Roe

New Address \_\_\_\_\_

Subscribed and sworn to before me this 13 day of 8, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kelen K. Roe Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Kelen K. Roe

New Address \_\_\_\_\_

Subscribed and sworn to before me this 13 day of 8, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_

\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-13-91, authorizing the marriage of Kenneth L. Roe and Kelen K. 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), at Danville in Hendricks County, Indiana, Kenneth L. Roe of Hendricks County Indiana (state), and Kelen K. Roe of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-13-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-14-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 426

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 Dr. O. Krowany, M.D.

**MALE APPLICANT**

Name First David Middle Wayne Last Bowlen  
Date of Birth Month 10 Day 5 Year 59  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 5421 Rainbow St. City Bloomington County Monroe State IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Trent David Bowlen
- (a) Full name of applicant's father. Robert Clarence Bowlen  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother. Wesley Carol Gorman  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Leanita Middle Dale Last Martin  
Date of Birth Month 2 Day 2 Year 55  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 230 Aron Ave. City Plainfield County Hendricks State IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. -
- (a) Full name of applicant's father. Samuel R. Martin  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother. Janice Marie Bantier  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David W. Bowlen Date 8-14-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed David W. Bowlen  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Leanita A. Martin Date 8/14/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Leanita A. Martin  
New Address Same  
Subscribed and sworn to before me this 14th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91, authorizing the marriage of David W. Bowlen and Leanita G. Martin. I further certify that the following marriage certificate was filed in my office: I, Rev. William A. Headley (name), certify that on 8-17-91 (date), at Poland in Owen County, Indiana, David W. Bowlen of Monroe County Indiana (state), and Leanita G. Martin of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 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).

Signed Connie Lawson Clerk  
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

No. 427

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 \_\_\_\_\_  
Name of Physician J. Vogel

MALE APPLICANT

Name Taylor Christopher Snow  
Date of Birth 5/31/63  
Place of Birth (State or foreign country) Michigan  
Residence Address 933 Walnut Dr. Piquette  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Taylor Cook Snow  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) 3 Rivers Michigan  
Birthplace of father (State or foreign country) Michigan
- (b) Full maiden name of applicant's mother Mary Edna Reed  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) Michigan

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant T. Christopher Snow Date 8/14/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed T. Christopher Snow  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14 day of 8, 1991  
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Dawn Marie Sharkey  
Date of Birth 7/23/67  
Place of Birth (State or foreign country) IN  
Residence Address Same  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father John Clyde Sharkey  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Danville, IN  
Birthplace of father (State or foreign country) IN
- (b) Full maiden name of applicant's mother Linda Jean Treb  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indpls IN  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Dawn M. Sharkey Date 8/14/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Dawn M. Sharkey  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14 day of 8, 1991  
Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91, authorizing the marriage of Taylor Christopher Snow and Dawn Marie Sharkey. I further certify that the following marriage certificate was filed in my office: I, the Rev. Walter C. Simmons (name), certify that on 8-24-91 (date), at St. Paul's Episcopal Church in Marion County, Indiana, Taylor Christopher Snow of Hendricks County Indiana (state), and Dawn Marie Sharkey of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91. 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).

Signed Connie Dawson Clerk  
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

No. 428  
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 \_\_\_\_\_  
Name of Physician Nicholas A. Brachoroff, MD

MALE APPLICANT	
Name	First <u>Donald</u> Middle <u>Eugene</u> Last <u>Lile, Jr.</u>
Date of Birth	Month <u>11</u> Day <u>22</u> Year <u>61</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>10006 Osceola</u> City <u>Indianapolis</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Donald Eugene Lile, Jr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Josephine Marie Flint</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Melissa</u> Middle <u>Dawn</u> Last <u>Magee</u>
Date of Birth	Month <u>5</u> Day <u>10</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>California</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Phillip Carl Magee</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Joan Gibbs</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Donald E. Lile Jr</u> Date <u>8-14-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Donald E. Lile Jr</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>14th</u> day of <u>August</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Melissa D Magee</u> Date <u>8-14-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Melissa D Magee</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>14th</u> day of <u>August</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____	
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91, authorizing the marriage of Donald E. Lile, Jr. and Melissa D. Magee. I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on 8-14-91 (date), at Indianapolis in Marion County, Indiana, Donald E. Lile, Jr. of Hendricks County Indiana (state), and Melissa D. Magee of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91. Signed by: /s/ Myron Barnard, Judge (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-16-91 (date).

Signed Connie Lawson Clerk  
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

No. 429

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 8-8-91  
Name of Physician Lawrence M. Bidez, M.D.

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Michael</u> Last <u>Hoover</u>
Date of Birth	Month <u>3</u> Day <u>13</u> Year <u>53</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>4102 N. Roseway</u> City <u>Indpls</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Russell Merrill Hoover</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Clara Frances Touch</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Susan</u> Middle <u>Elaine</u> Last <u>Umphrey</u>
Date of Birth	Month <u>9</u> Day <u>9</u> Year <u>58</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-84</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Orval Junior Umphrey</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Cynthia Lamora Blackburn</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant William Michael Hoover Date 8-14-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed William Michael Hoover In this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 14th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Susan Elaine Umphrey Date 8-14-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Susan Elaine Umphrey In this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 14th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91, authorizing the marriage of William Michael Hoover and Susan Elaine Umphrey. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-14-91 (date), at Danville in Indiana County, Indiana, William Michael Hoover of Hendricks County Indiana (state), and Susan Elaine Umphrey of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-14-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-14-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 430

File

8-15-91  
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 Boothe, Michele Sr.

MALE APPLICANT	
Name	First <u>Alan</u> Middle <u>Don</u> Last <u>Hickrod</u>
Date of Birth	Month <u>March</u> Day <u>4</u> Year <u>1954</u>
Place of Birth (State or foreign country)	<u>Indianapolis, Marion, Ind.</u>
Residence Address	Street or R.R. <u>1432 Holiday E.</u> City <u>Brownsburg</u> County <u>46112</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Indiana License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Kristopher A. Nickrod &amp; Marianne M. Nickrod</u>
6. (a) Full name of applicant's father	<u>William Reed Hickrod</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Bessie Marie Temples</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Ind.</u>
Birthplace of mother (State or foreign country)	<u>Kentucky</u>

FEMALE APPLICANT	
Name	First <u>Marilyn</u> Middle <u>Kay</u> Last <u>King</u>
Date of Birth	Month <u>March</u> Day <u>3</u> Year <u>1957</u>
Place of Birth (State or foreign country)	<u>Indianapolis, Marion, Ind.</u>
Residence Address	Street or R.R. <u>1432 Holiday Ave E.</u> City <u>Brownsburg</u> County <u>46112</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Indiana License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Anna L. King</u>
6. (a) Full name of applicant's father	<u>Lester Philip Rouse</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Vera Anna Mae Wright</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Don Alan Hickrod Date 8/15/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Don Alan Hickrod in this application is true and correct.  
New Address X  
Subscribed and sworn to before me this 15th day of August, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Marilyn Kay King Date 8/15/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Marilyn Kay King in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 15th day of August, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-15-91, authorizing the marriage of Don Alan Hickrod and Marilyn Kay King. I further certify that the following marriage certificate was filed in my office: I, Gilbert R. Schrubert (name), certify that on 8-23-91 (date), at Brownsburg in Hendricks County, Indiana, Don Alan Hickrod of Hendricks County Indiana (state), and Marilyn Kay King of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91. Signed by: /s/ Gilbert Schrubert Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-28-91 (date).

Signed Connie Dawson Clerk  
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

No. 431

File

8-15-91  
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Michael A. Miller M.D.

MALE APPLICANT

Name Harry Stanley Thurnall  
Date of Birth March 26 1969  
Place of Birth (State or foreign country) Danville, New Co. Ind.  
Residence Address 369 N 325W Danville, Ind 46122  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Wear A. Thurnall  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) dec.  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Gloria Ann Cottengrue  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Harry Thurnall Date 8/15/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Harry Thurnall  
New Address same  
Subscribed and sworn to before me this 15th day of August 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Jackie Lynn Wilson  
Date of Birth April 17 1970  
Place of Birth (State or foreign country) Danville, Ind.  
Residence Address 369 N 325W Danville, Ind 46122  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father William Lloyd Wilson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) dec.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Betty Sue Crowder  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) dec.  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jackie L. Wilson Date 8/15/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Jackie L. Wilson  
New Address same  
Subscribed and sworn to before me this 15th day of August 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-15-91, authorizing the marriage of Harry Stanley Thurnall and Jackie Lynn Wilson. I further certify that the following marriage certificate was filed in my office: Rev. Joseph B. Parr (name), certify that on 8-29-91 (date), at Danville in Hendricks County, Indiana, Harry Stanley Thurnall of Hendricks County Indiana (state), and Jackie Lynn Wilson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-91. Signed by: /s/ Rev. Joseph B. Parr Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-3-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 432

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 ☐  
If No, Medical Examination or Report Dated 8-13-91  
Name of Physician Dr. Karen Brand, M.D.

MALE APPLICANT	
Name	First <u>Stephen</u> Middle <u>Carl</u> Last <u>Robbins</u>
Date of Birth	Month <u>9</u> Day <u>9</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>10419 C. Hidden Val. Ln. Mt. Vernon, Posey, In</u> City <u>Indiana</u> County <u>State</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Carl Elmer Robbins</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ind.</u></p> <p>(b) Full maiden name of applicant's mother <u>Rose Christina Alexander</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ind.</u></p>	

FEMALE APPLICANT	
Name	First <u>Samantha</u> Middle <u>Jane</u> Last <u>Shelton</u>
Date of Birth	Month <u>12</u> Day <u>16</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Hawaii</u>
Residence Address	Street or R.R. <u>4933 E. 80.2005 Danville, Hendricks, In</u> City <u>County</u> State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Samuel Lee Shelton</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Ind.</u></p> <p>(b) Full maiden name of applicant's mother <u>Wilma Jane Watson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ind.</u></p>	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Stephen C. Robbins Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.  
Signed X Stephen C. Robbins  
New Address Same  
Subscribed and sworn to before me this 16th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Samantha J. Shelton Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.  
Signed X Samantha J. Shelton  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 16th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Stephen Carl Robbins and Samantha Jane Shelton. I further certify that the following marriage certificate was filed in my office: I, Pastor Chris J. Cole (name), certify that on 9-21-91 (date), at Faith Baptist Church in Hendricks County, Indiana, Stephen Carl Robbins of Posey County Indiana (state), and Samantha Jane Shelton of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-21-91. Signed by: /s/ Chris J. Cole, Pastor (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 10-7-91 (date).

Signed Connie Lawson Clerk  
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

No. 433

File 8-15-91

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 Southside OB-GYN, Inc.

MALE APPLICANT

Name First Middle Last  
Donald P. Seneff  
Date of Birth Month Day Year  
8 17 67  
Place of Birth (State or foreign country)  
Indianapolis Indiana  
Residence Address Street or R.R. City County State  
800 Stafford Rd Plainfield IN Hendricks  
Previous Marital Status: 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father: Smiley Howard Seneff  
(If adopted, list adoptive parents only) IN  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother: Mary Ann Beeler  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Donald Paul Seneff Date 8-15-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss:  
Signed Donald Paul Seneff  
New Address Same  
Subscribed and sworn to before me this 15th day of Aug, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #  
Mother ID #

Subscribed and sworn to before me this day of , 19  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Angela S. Head  
Date of Birth Month Day Year  
8 8 68  
Place of Birth (State or foreign country)  
Indianapolis Indiana  
Residence Address Street or R.R. City County State  
701 Turtle Crk N. Dr. Apts Indpls IN 46227  
Previous Marital Status: 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father: Joseph Harry Head  
(If adopted, list adoptive parents only) IN  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) Kentucky  
(b) Full maiden name of applicant's mother: Katherine Florence Yates  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Angela Susan Head Date 8-15-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss:  
Signed Angela S. Head  
New Address 800 Stafford Rd Plainfield IN  
Subscribed and sworn to before me this 15th day of Aug, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #  
Mother ID #

Subscribed and sworn to before me this day of , 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91, authorizing the marriage of Donald P. Seneff and Angela S. Head. I further certify that the following marriage certificate was filed in my office: I, Richard C. Lawler (name), certify that on 8-17-91 (date), at Indianapolis in Indianapolis County, Indiana, Donald P. Seneff of Hendricks County Indiana (state), and Angela S. Head 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 8-17-91. Signed by: /s/ Rev. Richard Lawler, R.C. Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed Connie Lawson Clerk  
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

No. 434  
File \_\_\_\_\_  
Date of Application 8-15-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician R. Bear

MALE APPLICANT	FEMALE APPLICANT
Name <u>Darrin E. Cook</u>	Name <u>Suzanne K. Akers</u>
Date of Birth <u>Jan 24 1970</u>	Date of Birth <u>May 3 1972</u>
Place of Birth (State or foreign country) _____	Place of Birth (State or foreign country) _____
Residence Address <u>4337 E. Main Danville IN</u>	Residence Address <u>3598 W 350 N Danville IN</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father <u>Elmer E. Cook</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Same</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Virginia Clark</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u>	6. (a) Full name of applicant's father <u>Harold V. Akers</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Same</u> Birthplace of father (State or foreign country) <u>IL</u> (b) Full maiden name of applicant's mother <u>Elizabeth Kreie</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Colorado</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X</u> Date <u>8-16-91</u>	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Suzanne Akers</u> Date <u>8-16-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>X Darrin E. Cook</u> In this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>15th</u> day of <u>Aug</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>X Suzanne Akers</u> In this application is true and correct. New Address <u>4337 East Main - Danville</u> Subscribed and sworn to before me this <u>15th</u> day of <u>Aug</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Darrin E. Cook and Suzanne K. Akers. I further certify that the following marriage certificate was filed in my office: Harry K. Bartels (name), certify that on 8-24-91 (date), at Brownsburg in Hendricks County, Indiana, Darrin Eugene Cook of Hendricks County Indiana (state), and Suzanne Kay Akers of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91. 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 Connie Lawson Clerk  
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

No. 435

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 ☐  
If No, Medical Examination or Report Dated 7-1-91  
Name of Physician Dr. Michael Neely M.D.

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>Eugene</u> Last <u>Smith</u>
Date of Birth	Month <u>6</u> Day <u>4</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1620 Brentwood Dr. S.</u> City <u>Ellettsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u> 6. (a) Full name of applicant's father <u>Robert Eugene Smith</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Rola Margaret Schabel</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Melinda</u> Middle <u>Jo</u> Last <u>May</u>
Date of Birth	Month <u>6</u> Day <u>17</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>2111 W. Center Rd.</u> City <u>Ellettsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u> 6. (a) Full name of applicant's father <u>Donald Dean May</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mary Sue Gregory</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael E Smith Date 8/16/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed X Michael E Smith  
New Address 894 A. Brentwood Dr. Ellettsburg  
Subscribed and sworn to before me this 16th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Melinda Jo May Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.  
Signed X Melinda Jo May  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 16th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Michael Eugene Smith and Melinda Jo May. I further certify that the following marriage certificate was filed in my office: I, Rev. H. Thomas Pitcher (name), certify that on 8-24-91 (date), at Avon United Methodist Church in Hendricks County, Indiana, Michael Eugene Smith of Hendricks County Indiana (state), and Melinda Jo May of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91. Signed by: /s/ H. Thomas Pitcher Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-27-91 (date).

Signed Connie Lawson Clerk  
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

No. 436  
File \_\_\_\_\_  
Date of Application 8-16-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

MALE APPLICANT	FEMALE APPLICANT
Name <u>Randell</u> First <u>Ralph</u> Middle <u>Hawley</u> Last	Name <u>Debra</u> First <u>Ann</u> Middle <u>Branstetter</u> Last
Date of Birth <u>7</u> Month <u>4</u> Day <u>60</u> Year	Date of Birth <u>11</u> Month <u>26</u> Day <u>65</u> Year
Place of Birth (State or foreign country) <u>2304 N. Lynhurst Apt. A Indpls.</u>	Place of Birth (State or foreign country) <u>IN</u>
Residence Address <u>IN</u> Street or R.R. City County State	Residence Address <u>2211 Lake of Lantern Drv Indpls.</u> Street or R.R. City County State
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>87</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. <u>Danielle N.</u> <u>Kathryn E., Miranda M.</u>	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father <u>Allen Robert Hawley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Norma Helen Becker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls IN</u> Birthplace of mother (State or foreign country) <u>S. Dakota</u>	6. (a) Full name of applicant's father <u>Jimmy Howard Branstetter</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>MO</u> (b) Full maiden name of applicant's mother <u>Luanne Kinnaman</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Linton IN</u> Birthplace of mother (State or foreign country) <u>IN</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Randell R. Hawley</u> Date <u>8/16/91</u>	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Debra A. Branstetter</u> Date <u>8/16/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>Randell R. Hawley</u> New Address _____ Subscribed and sworn to before me this <u>16th</u> day of <u>August</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>Debra A. Branstetter</u> New Address <u>2304 North Lynhurst Apt. A, Indpls IN</u> Subscribed and sworn to before me this <u>16th</u> day of <u>August</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Randell R. Hawley and Debra A. Branstetter. I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Curry (name), certify that on 9-7-91 (date), at Brownsburg in Hendricks County, Indiana, Randell R. Hawley of Marion County Indiana (state), and Debra A. Branstetter of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-07-91. Signed by: /s/ Rev. George W. Curry Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-10-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 437

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Johnson

## MALE APPLICANT

Name Roddy K Lawrence  
Date of Birth 7 24 64  
Place of Birth (State or foreign country) Indianapolis IN  
Residence Address 7840 W. 10th St Indpls IN 46214  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Roddy K. Lawrence, Jr.
- (a) Full name of applicant's father Rodney Kimbale Lawrence  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) Kentucky  
(b) Full maiden name of applicant's mother Evince Yvonne Rollet  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Roddy K Lawrence Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.

X Signed Roddy K Lawrence  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 16 day of Aug, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Cassie A Dillard  
Date of Birth 4 11 70  
Place of Birth (State or foreign country) Indianapolis IN  
Residence Address 167 Sycamore St. Brownsburg IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Roddy K. Lawrence, Jr.
- (a) Full name of applicant's father Larry Lee Dillard  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Beverly A. Severance  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

X Signature of Applicant Cassie A Dillard Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS in this application is true and correct.

X Signed Cassie A Dillard  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 16 day of Aug, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Roddy K. Lawrence and Cassie A. Dillard. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-16-91 (date), at Danville in Hendricks County, Indiana, Roddy K. Lawrence of Marion County Indiana (state), and Cassie A. Dillard of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-16-91 (date).

Signed Connie Lawson Clerk  
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

No. 438

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Immediate Care

MALE APPLICANT	
Name	First <u>Monty</u> Middle <u>J</u> Last <u>Hack</u>
Date of Birth	Month <u>11</u> Day <u>1</u> Year <u>60</u>
Place of Birth (State or foreign country)	<u>IL</u>
Residence Address	Street or R.R. <u>10929 Rockville Rd. Indpls.</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-1-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>See Trevor Hack</u> <u>Amber Dawn Hack</u></p> <p>6. (a) Full name of applicant's father <u>Roger Leroy Hack</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Peoria IL</u> Birthplace of father (State or foreign country) <u>IL</u> (b) Full maiden name of applicant's mother <u>Wanda Lou Neal</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Vernon IL</u> Birthplace of mother (State or foreign country) <u>IL</u></p>	

FEMALE APPLICANT	
Name	First <u>MoDonna</u> Middle <u>Elaine</u> Last <u>Sheppard</u>
Date of Birth	Month <u>8</u> Day <u>24</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>GA</u>
Residence Address	Street or R.R. _____ City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>12-17-89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Brandy Mitchell Long</u> <u>Michael Dwayne Long, Amber Dawn Hack</u></p> <p>6. (a) Full name of applicant's father <u>Harold Kenneth Sheppard</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>GA</u> (b) Full maiden name of applicant's mother <u>Melody Grace Doles</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>GA</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Monty J. Hack</u> Date <u>8-16-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Monty J. Hack</u> New Address _____ Subscribed and sworn to before me this <u>16</u> day of <u>8</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	I swear/affirm that the information given in this application is true and correct.

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>MoDonna E. Sheppard</u> Date <u>8-16-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>MoDonna E. Sheppard</u> New Address _____ Subscribed and sworn to before me this <u>16</u> day of <u>8</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	I swear/affirm that the information given in this application is true and correct.

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Monty J. Hack and MoDonna E. Sheppard. I further certify that the following marriage certificate was filed in my office: 8-18-91 (name), certify that on \_\_\_\_\_ in Marion County, Indiana, \_\_\_\_\_ (date), at Indianapolis \_\_\_\_\_ of Hendricks County Indiana \_\_\_\_\_ (state), and \_\_\_\_\_ of Hendricks County Indiana \_\_\_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-18-91. 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).

Signed Connie Lawson Clerk  
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

No. 439

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 ☐

If No, Medical Examination or Report Dated

Name of Physician James W. Williams

MALE APPLICANT

Name J First Clark Middle Ludlow Last  
Date of Birth 10 Month 17 Day 58 Year  
Place of Birth (State or foreign country) KY  
Residence Address 244 Walnut Ln. B'burg Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father James B. Ludlow  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Tipton, IN  
Birthplace of father (State or foreign country) KY  
(b) Full maiden name of applicant's mother Mary R. East  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Tipton, IN  
Birthplace of mother (State or foreign country) KY

FEMALE APPLICANT

Name Anna First Jo Middle Carrigg Last  
Date of Birth 2 Month 12 Day 64 Year  
Place of Birth (State or foreign country) IN  
Residence Address Same Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Charles Carrigg  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Phyllis Jean Ludlow  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Tipton, IN  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James C. Ludlow Date 8/16/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.

Signed James C. Ludlow  
New Address Same as above

Subscribed and sworn to before me this 16 day of 8, 19 91  
Connie Gausson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Anna Carrigg Date 8/16/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.

Signed Anna Carrigg  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 16 day of 8, 19 91  
Connie Gausson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of James Clark Ludlow and Anna Jo Carrigg. I further certify that the following marriage certificate was filed in my office: 10-5-91  
I, Rev. Harold L. Leininger (name), certify that on \_\_\_\_\_  
(date), at Brownsburg in Hendricks County, Indiana,  
James Clark Ludlow of Hendricks County Indiana (state), and  
Anna Jo Carrigg 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 10-5-91  
Signed by: /s/ Rev. Harold L. Leininger Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-17-91 (date).

Signed Connie Gausson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 440

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Ronald Stegemoller, M.D.

MALE APPLICANT	
Name	First <u>Paul</u> Middle <u>Michael</u> Last <u>Money</u>
Date of Birth	Month <u>5</u> Day <u>17</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>14 Cedar Run Dr.</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Paul Donovan Money</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Wanda Faye Crosby</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Jean</u> Middle <u>Marie</u> Last <u>Medonis</u>
Date of Birth	Month <u>11</u> Day <u>19</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Pa</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Christopher Scott Medonis</u></p>	
<p>6. (a) Full name of applicant's father <u>David Peter Medonis</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Pa S. Carolina</u> Birthplace of father (State or foreign country) <u>Pa.</u></p> <p>(b) Full maiden name of applicant's mother <u>Helen Elizabeth O'Donnell</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>S. Carolina</u> Birthplace of mother (State or foreign country) <u>Pa.</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Paul Michael Money Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Paul Michael Money  
New Address 811 Broken Bow Trail Apt. 321  
Subscribed and sworn to before me this 16th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jean M. Medonis Date 8-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Jean M. Medonis  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 16th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Paul Michael Money and Jean Marie Medonis. I further certify that the following marriage certificate was filed in my office: 9-28-91  
I, Rev. Wilfred E. Day (name), certify that on \_\_\_\_\_  
(date), at Brownsburg in Hendricks County, Indiana, \_\_\_\_\_  
Paul Michael Money of Hendricks County Indiana (state), and \_\_\_\_\_  
Jean Marie Medonis of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-91  
Signed by: /s/ Rev. Wilford E. Day, Catholic Priest (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-1-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 441

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Robert Hearn, MD

MALE APPLICANT	FEMALE APPLICANT
<p>Name: <u>Bobby Myron Wallace</u></p> <p>Date of Birth: <u>5</u> <u>24</u> <u>30</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>R.R. 1 Box 12 Stilesville, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>83</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>	<p>Name: <u>Tina Marie Bentley</u></p> <p>Date of Birth: <u>2</u> <u>11</u> <u>69</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>R.R. 1 Box 12 Stilesville, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>
<p>6. (a) Full name of applicant's father: <u>Oral Wallace</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>deceased</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Anna Beatrice Gresson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>deceased</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	<p>6. (a) Full name of applicant's father: <u>William Sherman Bentley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state): <u>N. Carolina</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Linda Lou Collier</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>
<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Bobby M. Wallace</u> Date: <u>8-16-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Tina M. Bentley</u> Date: <u>8-16-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>
<p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed: <u>Bobby M. Wallace</u></p> <p>New Address: <u>Same</u></p> <p>Subscribed and sworn to before me this <u>16th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed: <u>Tina M. Bentley</u></p> <p>New Address: _____</p> <p>Subscribed and sworn to before me this <u>16th</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>	<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-16-91, authorizing the marriage of Bobby Myron Wallace and Tina Marie Bentley. I further certify that the following marriage certificate was filed in my office: I, Malcolm R. Neier (name), certify that on 8-27-91 (date), at Coatesville in Putnam County, Indiana, Bobby M. Wallace of Hendricks County Indiana (state), and Tina M. Bentley of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91. Signed by: /s/ Malcolm R. Neier Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-3-91 (date).

Signed Connie Lawson Clerk  
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

No. 442

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-3-91  
Name of Physician Dr. Timothy Nichols, DO

**MALE APPLICANT**

Name First Wayne Middle Freeman Last  
Date of Birth 11 22 65  
Place of Birth (State or foreign country) Indiana  
Residence Address 3236 Dix Pointe RD, Apt 10, Indianapolis, Hendricks  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father John Frances Freeman  
(If adopted, list adoptive parents only) 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 Lois Sarah Halpin  
(If adopted, list adoptive parents only) Indiana  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Wanda Middle Kay Last Griffey  
Date of Birth 12 2 70  
Place of Birth (State or foreign country) Indiana  
Residence Address Same  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father John Henry Griffey  
(If adopted, list adoptive parents only) Indiana  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Kentucky  
(b) Full maiden name of applicant's mother Sylvia Jean Bayton  
(If adopted, list adoptive parents only) Indiana  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Mary Freeman Date 8-15-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Mary Freeman in this application is true and correct.  
Signed X Mary Freeman  
New Address Same  
Subscribed and sworn to before me this 19th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Wanda Griffey Date 8-19-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Wanda Griffey in this application is true and correct.  
Signed X Wanda Griffey  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-19-91, authorizing the marriage of Gary Wayne Freeman and Wanda Kay Griffey. I further certify that the following marriage certificate was filed in my office: I, John Dunaway (name), certify that on 9-14-91 (date), at Mt. Pleasant Baptist Church-Indianapolis (state), and Marion County, Indiana, Gary W. Freeman of Hendricks County, Indiana, (state), and Wanda K. Griffey of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ John Dunaway Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-25-91 (date).

Signed Connie Lawson Clerk  
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

No. 443

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-16-91  
Name of Physician Dr. Michael Healey, MD

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>Wade</u> Last <u>Wise</u>
Date of Birth	Month <u>3</u> Day <u>7</u> Year <u>60</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>299 Melton St.</u> City <u>Coatesville, Hendricks, In.</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-12-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Sarah Elizabeth Wise</u></p>	
<p>6. (a) Full name of applicant's father <u>John Alvin Wise</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Ethel Mae Griswald</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Carolyn</u> Middle <u>Sue</u> Last <u>Griswald</u>
Date of Birth	Month <u>8</u> Day <u>17</u> Year <u>62</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 257 US 40</u> City <u>Stilesville, Hendricks, In.</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Norm E. Griswald</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Carolyn Ann Childers</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael Wise Date 8-19-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Michael Wise in this application is true and correct.  
New Address Same

Subscribed and sworn to before me this 19th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carolyn S. Griswald Date 8-19-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Carolyn S. Griswald in this application is true and correct.  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 19th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE 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 8-19-91, authorizing the marriage of Michael W. Wise and Carolyn S. Griswald. I further certify that the following marriage certificate was filed in my office: \_\_\_\_\_ (name), certify that on 8-30-91 (date), at Fillmore in Putnam County, Indiana, \_\_\_\_\_ (state), and \_\_\_\_\_ (date), \_\_\_\_\_ of Hendricks County, Indiana, \_\_\_\_\_ of Hendricks County, Indiana, \_\_\_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_\_\_ County, Indiana, dated 8-30-91.  
Signed by: /s/ Robert E. Jones, \_\_\_\_\_ Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-5-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 444

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 Paul E. Daluog, MD

MALE APPLICANT	FEMALE APPLICANT
<p>Name: <u>Brian Keith Bulter</u>  Date of Birth: <u>8</u> Month <u>22</u> Day <u>69</u> Year  Place of Birth (State or foreign country): <u>Indiana</u>  Residence Address: <u>R.R. 1 Clayton, Hendricks, In.</u>  Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____  Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____  Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>  2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Marshall Preston Bulter</u>  (If adopted, list adoptive parents only) _____  Residence of father (if deceased, so state): <u>Indiana</u>  Birthplace of father (State or foreign country): <u>Kentucky</u>  (b) Full maiden name of applicant's mother: <u>Carol Jean Mitchell</u>  (If adopted, list adoptive parents only) _____  Residence of mother (if deceased, so state): <u>Indiana</u>  Birthplace of mother (State or foreign country): <u>Indiana</u></p>	<p>Name: <u>Billie Jo Armstrong</u>  Date of Birth: <u>4</u> Month <u>18</u> Day <u>73</u> Year  Place of Birth (State or foreign country): <u>Indiana</u>  Residence Address: <u>Same</u>  Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____  Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____  Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>  2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>  5. List the full names of any dependent children. <u>Jordan Bryan Armstrong</u>  <u>Armstrong</u></p> <p>6. (a) Full name of applicant's father: <u>William Leroy Armstrong</u>  (If adopted, list adoptive parents only) _____  Residence of father (if deceased, so state): <u>Indiana</u>  Birthplace of father (State or foreign country): <u>Indiana</u>  (b) Full maiden name of applicant's mother: <u>Georgia Kay Canden</u>  (If adopted, list adoptive parents only) _____  Residence of mother (if deceased, so state): <u>Indiana</u>  Birthplace of mother (State or foreign country): <u>Indiana</u></p>
<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant <u>Brian K Bulter</u> Date <u>8/20/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court _____ Date <u>8/20/91</u></p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: <u>Brian K Bulter</u> I swear/affirm that the information given in this application is true and correct.  Signed <u>Brian K Bulter</u>  New Address _____  Subscribed and sworn to before me this <u>20th</u> day of <u>August</u>, 19 <u>91</u>  <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;"><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant <u>Billie Jo Armstrong</u> Date <u>8-20-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court _____ Date _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: <u>Billie Jo Armstrong</u> I swear/affirm that the information given in this application is true and correct.  Signed <u>Billie Jo Armstrong</u>  New Address _____  Subscribed and sworn to before me this <u>20th</u> day of <u>August</u>, 19 <u>91</u>  <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: _____  Father _____ ID # _____  Mother _____ ID # _____  Subscribed and sworn to before me this _____ day of _____, 19 _____  _____  Clerk</p>	<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ )  County of <u>HENDRICKS</u> ) ss: _____  Father _____ ID # _____  Mother _____ ID # _____  Subscribed and sworn to before me this _____ day of _____, 19 _____  _____  Clerk</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p style="text-align: center;"><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p> <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-20-91</u>, authorizing the marriage of <u>Brian K. Bulter</u> and <u>Billie Jo Armstrong</u>. I further certify that the following marriage certificate was filed in my office: I, <u>Rev. Michael J. Seaney</u> (name), certify that on <u>8-24-91</u> (date), at <u>Linton</u> in <u>Greene</u> County, Indiana, <u>Brian K. Bulter</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Billie Jo Armstrong</u> of <u>Hendricksq</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>8-24-91</u>. Signed by: <u>/s/ Rev. Michael J. Seaney</u> Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>8-27-91</u> (date).</p> <p style="text-align: right;">Signed <u>Connie Lawson</u> Clerk  <u>HENDRICKS</u> Circuit Court</p>	



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. 445

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

Name Robert Allen Wright  
Date of Birth 3 Month 29 Day 28 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 1275 Carlene Ave. St. Myers, Lee, Fl.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 7-12-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Charles W. Wright  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Carla Allen Baker  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Robert A. Wright Date 8-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed X Robert A. Wright  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 20th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Sandra Jean Rickert  
Date of Birth 12 Month 19 Day 37 Year  
Place of Birth (State or foreign country) Illinois  
Residence Address 424 Varner Dr. Brownsburg, In. Hendricks  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-75  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Eugene Wick  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Eileen Dortha Branson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Arizona  
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Sandra J. Rickert Date 8-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed X Sandra J. Rickert  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 20th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-20-91, authorizing the marriage of Robert Allen Wright and Sandra Jean Rickert. I further certify that the following marriage certificate was filed in my office: I, Gary A. Dworak (name), certify that on 8-22-91 (date), at Brownsburg in Hendricks County, Indiana, Robert Allen Wright of Lee County Florida (state), and Sandra J. Rickert of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91. Signed by: /s/ Gary A. Dworak Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 8-28-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 446

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 \_\_\_\_\_

MALE APPLICANT	
Name	First <u>Richard</u> Middle <u>Edward</u> Last <u>Hites</u>
Date of Birth	Month <u>5</u> Day <u>25</u> Year <u>22</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>411 S. Mc Kinley</u> City <u>North Salem</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>'88</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Richard Leroy Hites</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Mo.</u>
(b) Full maiden name of applicant's mother	<u>Bearl Harriet Smith</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Charlotte</u> Middle <u>Mae</u> Last <u>Chumley</u>
Date of Birth	Month <u>4</u> Day <u>6</u> Year <u>27</u>
Place of Birth (State or foreign country)	<u>Kentucky</u>
Residence Address	Street or R.R. <u>1819 Main St.</u> City <u>Beech Grove</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	_____
6. (a) Full name of applicant's father	<u>Floyd Sanders</u>
(If adopted, list adoptive parents only)	_____
Residence of father (if deceased, so state)	<u>Deceased</u>
Birthplace of father (State or foreign country)	<u>Kentucky</u>
(b) Full maiden name of applicant's mother	<u>Leona Gibson</u>
(If adopted, list adoptive parents only)	_____
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Kentucky</u>

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Richard E. Hites Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Richard E. Hites in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Charlotte Chumley Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Charlotte Chumley in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 22nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 22nd OF AUGUST 91, authorizing the marriage of RICHARD E. HITES and CHARLOTTE M. CHUMLEY. I further certify that the following marriage certificate was filed in my office: 8-24-91 (name), certify that on \_\_\_\_\_ (date), at NORTH SALEM in HENDRICKS County, Indiana, RICHARD E. HITES of HENDRICKS County IN (state), and CHARLOTTE M. CHUMLEY of MARION County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_ 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).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



Form Pr  
Indiana  
Health  
of IC 2Please do  
not publishSTATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 449

File

8-22-91  
Date of Application

**IC 31-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-15-91  
Name of Physician Jan Fisch, M.D.

## MALE APPLICANT

Name Michael Anthony Pozsgai  
Date of Birth 12 29 68  
Place of Birth (State or foreign country) South Bend, In.  
Residence Address 6361 Crystal Spr. Dr. Plym., In 46168  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Indiana's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Eugene Pozsgai  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) South Bend, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mary Ann Vitzler  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) South Bend, In.  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Michael A. Pozsgai Date 8/22/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Michael A. Pozsgai  
New Address Same  
Subscribed and sworn to before me this 22nd day of Aug, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

## FEMALE APPLICANT

Name Lisa Sydam Spees  
Date of Birth 4 10 65  
Place of Birth (State or foreign country) Akron, Oh.  
Residence Address 650 Balrayal Ct. Indpls., In 46234  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Indiana's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father John Arthur Spees  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indpls., In.  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Barbara Hayden  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indpls., In.  
Birthplace of mother (State or foreign country) Ohio

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Lisa A. Spees Date 8/22/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Lisa A. Spees  
New Address 6361 Crystal Springs Dr.  
Subscribed and sworn to before me this 22nd day of Aug, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91, authorizing the marriage of Michael Anthony Pozsgai and Lisa Sydam Spees. I further certify that the following marriage certificate was filed in my office: I, Rev. William F. Stineman (name), certify that on 8-31-91 (date), at Indianapolis in Marion County, Indiana, Michael Anthony Pozsgai of Hendricks County Indiana (state), and Lisa Sydam Spees 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 8-31-91. Signed by: /s/ Rev. William F. Stineman, Catholic Priest (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 9-4-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 448

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 8-22-91  
Name of Physician J. J. Jones, M.D.

**MALE APPLICANT**

Name Daniel Virgil Hayden  
Date of Birth 6 Month 9 Day 69 Year  
Place of Birth (State or foreign country) Danville, In.  
Residence Address 123 N 671 E Danville, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children.

6. (a) Full name of applicant's father John Richard Hayden  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Danville, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Marilyn Jean Virgil  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Danville, In.  
Birthplace of mother (State or foreign country) Illinois (?)

**FEMALE APPLICANT**

Name Yvonne Marie Ruff  
Date of Birth 11 Month 5 Day 90 Year  
Place of Birth (State or foreign country) Alameda, Ca.  
Residence Address 1423 W Gale Ln Schaumburg, Ill.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Passport

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children.

6. (a) Full name of applicant's father James Robert Ruff  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Schaumburg, Ill.  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Joan Yvonne Pursler  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Schaumburg, Ill.  
Birthplace of mother (State or foreign country) Maryland

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Daniel V. Hayden Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Daniel V. Hayden  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22nd day of Aug, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Yvonne M. Ruff Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Yvonne M. Ruff  
New Address P.O. Box 601 Cedarville, OH 45314  
Subscribed and sworn to before me this 22nd day of Aug, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91, authorizing the marriage of Daniel Virgil Hayden and Yvonne Marie Ruff. I further certify that the following marriage certificate was filed in my office: I, Rev. George W. Curry (name), certify that on 8-24-91 (date), at Brownsburg in Hendricks County, Indiana, Daniel Virgil Hayden of Hendricks County Indiana (state), and Yvonne Marie Ruff of Cook County Illinois (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-24-91. Signed by: /s/ Rev. George W. Curry Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-27-91 (date).

Signed Connie Dawson Clerk  
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

No. 449  
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 8-9-91  
Name of Physician R. Stegemoller, M.D.

## MALE APPLICANT

Name James Franklin Finchum  
Date of Birth 10 22 43  
Place of Birth (State or foreign country) Morgan Co. Indiana  
Residence Address Rt #5 Box 163 Greencastle, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Woodrow J. Finchum  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Kathryn Irene Severts  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Greencastle, In.  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Franklin Finchum Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed James Franklin Finchum  
New Address Box 122 Stilesville Ind.

Subscribed and sworn to before me this 22 day of August, 19 91.  
Connie Dawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, Clerk

## FEMALE APPLICANT

Name Karen Kay Cooper  
Date of Birth 9 30 50  
Place of Birth (State or foreign country) Lebanon, In.  
Residence Address PO Box 122 Stilesville, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Lloyd Frederick Kilar  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Glorietta Smith  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Stilesville, In.  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Karen Kay Cooper Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Karen Kay Cooper  
New Address Same

Subscribed and sworn to before me this 22 day of August, 19 91.  
Connie Dawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91, authorizing the marriage of James Franklin Finchum and Karen Kay Cooper. I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-14-91 (date), at Stilesville in Hendricks County, Indiana, James F. Finchum of Putnam County Indiana (state), and Karen Kay Cooper of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Malcolm R. Neier Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-30-91 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 450

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 8-20-91  
Name of Physician Michael L. Boothe, MD

MALE APPLICANT	
Name	First <u>Keith</u> Middle <u>Edward</u> Last <u>Crossland</u>
Date of Birth	Month <u>4</u> Day <u>1</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>6430 E. 106<sup>th</sup> North</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-12-81</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Brian Keith Crossland,</u> <u>Marshall Allen Crossland</u> 6. (a) Full name of applicant's father <u>George Allen Crossland</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Patricia Rene Berry</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Sherri Jo</u> Middle <u>Denise</u> Last <u>Corne</u>
Date of Birth	Month <u>7</u> Day <u>28</u> Year <u>54</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u>Same</u> County <u>Same</u> State <u>Same</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-78</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Michelle Brooke</u> <u>Corne</u> 6. (a) Full name of applicant's father <u>Howard Alfred Coffey</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Ky.</u> Birthplace of father (State or foreign country) <u>Ky.</u> (b) Full maiden name of applicant's mother <u>Norma Lee Tillman Blanchard</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Conn.</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Keith E. Crossland Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Keith E. Crossland  
New Address Same  
Subscribed and sworn to before me this 22nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Sherri Jo D. Corne Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Sherri Jo D. Corne  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91, authorizing the marriage of Keith E. Crossland and Sherri Jo Corne. I further certify that the following marriage certificate was filed in my office: (date), at Avon, Washington Township in Hendricks County, Indiana, Keith E. Crossland of Hendricks County Indiana (state), and Sherri Jo Corne of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91. Signed by: /s/ the Rev. William P. Hendricks, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-8-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 451  
File \_\_\_\_\_  
Date of Application 8-22-91**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician A. Zeigarnik, M.D.

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>Bruce</u> Last <u>Dickerson</u>
Date of Birth	Month <u>1</u> Day <u>15</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>115 College Ave</u> City <u>Burg</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>Ronald Eugene Dickerson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Pittsboro Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Julia E. Henning</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u>	

FEMALE APPLICANT	
Name	First <u>Ruth</u> Middle <u>Ann</u> Last <u>Atthoff</u>
Date of Birth	Month <u>8</u> Day <u>7</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. _____ City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>Leroy Paul Atthoff</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Illinois</u> (b) Full maiden name of applicant's mother <u>Everlyn Rose Albrecht</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael B. Dickerson Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Michael B. Dickerson in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27 day of 8, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ruth A. Atthoff Date 8-22-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Ruth A. Atthoff in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 22nd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-22-91, authorizing the marriage of Michael Bruce Dickerson and Ruth Ann Atthoff. I further certify that the following marriage certificate was filed in my office: I, Rev. Wilfred E. Day (name), certify that on 9-14-91 (date), at Brownsburg in Hendricks County, Indiana, Michael Bruce Dickerson of Hendricks County Indiana (state), and Ruth Ann Atthoff of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Rev. Wilfred E. Day, Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-16-91 (date).

Signed Connie Lawson Clerk  
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

No. 452  
File \_\_\_\_\_  
Date of Application 8-23-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Alan Baker, MD

MALE APPLICANT		FEMALE APPLICANT	
Name First <u>Gregory</u> Middle <u>Allen</u> Last <u>Conwell</u>	Name First <u>Janice</u> Middle <u>Elaine</u> Last <u>Roach</u>	Date of Birth Month <u>8</u> Day <u>30</u> Year <u>49</u>	Date of Birth Month <u>2</u> Day <u>4</u> Year <u>50</u>
Place of Birth (State or foreign country) <u>Indiana</u>	Place of Birth (State or foreign country) <u>Indiana</u>	Residence Address Street or R.R. <u>P.O. Box 312</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>IN</u>	Residence Address Street or R.R. <u>22487 Kingsburg Dr.</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-1-88</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-30-84</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Amie M. Conwell,</u> <u>Nathaniel E. Conwell</u></p> <p>6. (a) Full name of applicant's father <u>Charles L. Conwell</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Florida</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Leah M. Hardin</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Florida</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Gregory A. Conwell</u> Date <u>8/23/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct. Signed <u>X Gregory A. Conwell</u> New Address _____ Subscribed and sworn to before me this <u>23rd</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Janice E. Roach</u> Date <u>8/23/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: I swear/affirm that the information given County of <u>HENDRICKS</u> ) in this application is true and correct. Signed <u>X Janice E. Roach</u> New Address <u>Same</u> Subscribed and sworn to before me this <u>23rd</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91, authorizing the marriage of Gregory A. Conwell and Janice E. Roach. I further certify that the following marriage certificate was filed in my office: Keith H. Kirk (name), certify that on 9-7-91 (date), at Indianapolis in Marion County, Indiana, Gregory A. Conwell of Hendricks County Indiana (state), and Janice E. Roach of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-91. Signed by: /s/ Keith H. Kirk, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-10-91 (date).

Signed Connie Lawson Clerk  
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

No. 453

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician David Haggard

**MALE APPLICANT**

Name First Middle Last  
Larry Eugene Ervin  
Date of Birth Month Day Year  
11 2 65  
Place of Birth (State or foreign country)  
IN  
Residence Address Street or R.R. City County State  
2163 Water Bar Dr. Indpls. Hendricks Co.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-91  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Richard Paul Ervin Sr.  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indpls. IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Sharon Sue Harding  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indpls. IN  
Birthplace of mother (State or foreign country) IN

**FEMALE APPLICANT**

Name First Middle Last  
Michelle Annette Roberts  
Date of Birth Month Day Year  
8 23 61  
Place of Birth (State or foreign country)  
IN  
Residence Address Street or R.R. City County State  
Same  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 5-91  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father John E. Roberts  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Clayton IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Lorraine Moore  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Clayton IN  
Birthplace of mother (State or foreign country) KY

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Larry E Ervin 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 \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.

Signed X Larry E Ervin  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23 day of Aug, 19 91  
Connie Spence Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michelle A Roberts 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 \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.

Signed X Michelle A Roberts  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23 day of Aug, 19 91  
Connie Spence Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91, authorizing the marriage of Larry E. Ervin and Michelle A. Roberts. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-23-91 (date), at Danville in Hendricks County, Indiana, Larry E. Ervin of Hendricks County Indiana (state), and Michelle A. Roberts of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 8-23-91 (date).

Signed Connie Spence Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 454

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-23-91  
Name of Physician S. Burkholder, MD

**MALE APPLICANT**

Name First Middle Last  
John Todd Clayton

Date of Birth Month Day Year  
8 30 65

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
R.R. 18 Box 363 Indianapolis, Hendricks, IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Jerry Lynn Clayton  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Florida  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Cheryl Lynn Wollenweller  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Middle Last  
Ronda Lee Stanley

Date of Birth Month Day Year  
4 25 66

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
206 S. Green St. Brownsburg, Hendricks, IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Ronald W. Stanley  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Rita L. Brass  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant John T. Clayton 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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed John T. Clayton  
New Address Same

Subscribed and sworn to before me this 23rd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19 , 19  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Ronda L. Stanley 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

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Ronda L. Stanley  
New Address

Subscribed and sworn to before me this 23rd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19 , 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91, authorizing the marriage of John Todd Clayton and Ronda Lee Stanley. I further certify that the following marriage certificate was filed in my office: I, Robert Tibbs (name), certify that on 8-30-91 (date), at Brownsburg in Hendricks County, Indiana, J. Todd Clayton of Marion County Indiana (state), and Ronda L. Stanley of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91. Signed by: /s/ Robert Tibbs Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-6-91 (date).

Signed Connie Lawson Clerk  
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

No. 455

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-23-91  
Name of Physician J. L. Farn, M.D.

MALE APPLICANT

Name David First Joseph Middle Minkner Last  
Date of Birth 3 Month 17 Day 50 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 201 Regina Dr. Brownsburg, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-88  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Jennifer A. Minkner,  
Jonathan D. Minkner
- (a) Full name of applicant's father Harry A. Minkner  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Helen C. Heblein  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT

Name Bellinda First Sue Middle Chappell Last  
Date of Birth 6 Month 2 Day 64 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 530 Enderly Ave. Apt. 7 Brownsburg, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-16-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Brandon Douglas  
Chappell
- (a) Full name of applicant's father Harry D. Flemming  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Jose M. Werner  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) West Germany

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David J. Minkner 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: David J. Minkner  
Signed \_\_\_\_\_ in this application is true and correct.  
New Address 64 Lexington Dr. Coatsville  
Subscribed and sworn to before me this 23rd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Bellinda S. Chappell 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Bellinda S. Chappell  
Signed \_\_\_\_\_ in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 23rd day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-23-91, authorizing the marriage of David J. Minkner and Bellinda S. Chappell. I further certify that the following marriage certificate was filed in my office: (name), certify that on 8-31-91 (date), at Indianapolis in Marion County, Indiana, David J. Minkner of Hendricks County Indiana (state), and Bellinda S. Chappell of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-91. Signed by: /s/ Gary W. Huffman Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-12-91 (date).

Signed Connie Lawson Clerk  
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

No. 456

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dan Baker, MD

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Thomas Daniel Barker</u></p> <p>Date of Birth <u>11</u> / <u>7</u> / <u>69</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>802 Boy 72</u> <u>Brighton</u> <u>Hendricks</u> <u>Indiana</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Thomas J. Barker</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Sally Jean Hopkins</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>Name <u>Michele Leigh Lucas</u></p> <p>Date of Birth <u>3</u> / <u>8</u> / <u>71</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>5686 N. Co. Rd. 725 W</u> <u>North Salem</u> <u>Hendricks</u> <u>Ind.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Dale Eugene Lucas</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Josephine Ann Pierce</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Thomas D. Barker</u> Date <u>8/23/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Thomas D. Barker</u> New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>23rd</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Michele L. Lucas</u> Date <u>8/23/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Michele L. Lucas</u> New Address _____</p> <p>Subscribed and sworn to before me this <u>23rd</u> day of <u>August</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p style="text-align: center;"><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p> <p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-23-91</u>, authorizing the marriage of <u>Thomas D. Barker</u> and <u>Michele L. Lucas</u>. I further certify that the following marriage certificate was filed in my office: I, <u>John E. Hopkins</u> (name), certify that on <u>9-7-91</u> (date), at <u>Brighton</u> in <u>Parke</u> County, Indiana, <u>Thomas D. Barker</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Michele L. Lucas</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>9-7-91</u>. Signed by: <u>/s/ John E. Hopkins</u> Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>9-11-91</u> (date).</p> <p style="text-align: right;">Signed <u>Connie Lawson</u> Clerk <u>HENDRICKS</u> Circuit Court</p>	



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. 457

File 8-26-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 6-18-90  
Name of Physician Dr. Roussary, MD

MALE APPLICANT	
Name	First <u>Kelly</u> Middle <u>Dale</u> Last <u>Perisho</u>
Date of Birth	Month <u>8</u> Day <u>6</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 28 Clayton</u> City <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u> 6. (a) Full name of applicant's father <u>Carroll E. Perisho</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Amelia Pauline Hawell</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Lisa</u> Middle <u>Dawn</u> Last <u>Stokes</u>
Date of Birth	Month <u>2</u> Day <u>2</u> Year <u>72</u>
Place of Birth (State or foreign country)	<u>Florida</u>
Residence Address	Street or R.R. <u>Same</u> City <u>—</u> State <u>—</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>—</u> 6. (a) Full name of applicant's father <u>Homer Stokes, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Unknown</u> (b) Full maiden name of applicant's mother <u>Betty Jean Mullins</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Idaho</u>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Kelly Dale Perisho Date 8-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: \_\_\_\_\_  
 County of HENDRICKS )  
 Signed X Kelly Dale Perisho in this application is true and correct.  
 New Address Same  
 Subscribed and sworn to before me this 26th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
 County of HENDRICKS ) ss: \_\_\_\_\_  
 Father \_\_\_\_\_ ID # \_\_\_\_\_  
 Mother \_\_\_\_\_ ID # \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
 \_\_\_\_\_ Clerk

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Lisa Stokes Date 8-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: \_\_\_\_\_  
 County of HENDRICKS )  
 Signed X Lisa Stokes in this application is true and correct.  
 New Address \_\_\_\_\_  
 Subscribed and sworn to before me this 26th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
 County of HENDRICKS ) ss: \_\_\_\_\_  
 Father \_\_\_\_\_ ID # \_\_\_\_\_  
 Mother \_\_\_\_\_ ID # \_\_\_\_\_  
 Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
 \_\_\_\_\_ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-26-91, authorizing the marriage of K. Dale Perisho and Lisa D. Stokes. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-27-91 (date), at Danville in Hendricks County, Indiana, K. Dale Perisho of Hendricks County Indiana (state), and Lisa D. Stokes of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91. Signed by: /s/ Cynthia H. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 458

File

8-26-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. Robert D. Cloeter, MD

**MALE APPLICANT**

Name Michael Jay McCaslin  
Date of Birth 12 Month 25 Day 66 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 117 Eastern Ave. Bedford, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Howard Robert McCaslin  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mary Jacqueline Stevens  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Peggy Anne Leete  
Date of Birth 9 Month 15 Day 68 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 7233 Syracuse Dr. Danville, Hendricks, Ind.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Robert William Leete  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Wisconsin  
(b) Full maiden name of applicant's mother Elizabeth Anne Effinger  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Wisconsin

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Michael J. McCaslin Date 8-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Michael J. McCaslin in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 26th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Peggy A. Leete Date 8-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Peggy A. Leete in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-26-91, authorizing the marriage of Michael J. McCaslin and Peggy A. Leete. I further certify that the following marriage certificate was filed in my office: I, Rev. Carl D. Cloeter (name), certify that on 9-7-91 (date), at Indianapolis in Marion County, Indiana, Michael J. McCaslin of Hendricks County Indiana (state), and Peggy A. Leete of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-91. Signed by: /s/ Rev. Carl D. Cloeter Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-10-91 (date).

Signed Connie Lawson Clerk  
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

No. 459

File

8-26-91  
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Karen Johns

MALE APPLICANT

Name Brian Lee Findley  
Date of Birth 3 31 69  
Place of Birth (State or foreign country) W. VA  
Residence Address 207 N. Jefferson B'burg IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Fredrick Lee Findley  
(If adopted, list adoptive parents only) Venezuela  
Residence of father (if deceased, so state) South America  
Birthplace of father (State or foreign country) Alabama  
(b) Full maiden name of applicant's mother Bra Barbara Ann Wilson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) W. VA

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Brian Findley Date \_\_\_\_\_

The above applicant has objected to verifying by 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 Brian Findley in this application is true and correct.

New Address Same As Above  
Subscribed and sworn to before me this 26 day of 8, 19 91  
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Jody Lee Keim  
Date of Birth 9 4 69  
Place of Birth (State or foreign country) OH  
Residence Address 1585 Creekwood Dr. B'burg IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father James William Keim  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) B'burg IN  
Birthplace of father (State or foreign country) PA  
(b) Full maiden name of applicant's mother Janet Sue Bodwell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jody Lee Keim Date \_\_\_\_\_

The above applicant has objected to verifying by 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 Jody Lee Keim in this application is true and correct.

New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26 day of 8, 19 91  
Connie Spurgeon Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-26-91, authorizing the marriage of Brian Lee Findley and Jody Lee Keim. I further certify that the following marriage certificate was filed in my office: I, Rev. Donald Tyler (name), certify that on \_\_\_\_\_ (date), at Brownsburg in Hendricks County, Indiana, \_\_\_\_\_ (state), and Brian Lee Findley of Hendricks County Indiana (state), and Jody Lee Keim of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. 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).

Signed Connie Spurgeon Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 460  
File \_\_\_\_\_  
Date of Application 8-27-91HENDRICKS 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 James Dr. Miller

MALE APPLICANT	
Name	First <u>James</u> Middle <u>Howard</u> Last <u>Miller</u>
Date of Birth	Month <u>10</u> Day <u>1</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>1054 Norman Rd.</u> City <u>B'burg</u> County <u>IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Miller</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>James Noel Miller</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Greenwood IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Betty P. Baker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u>	

FEMALE APPLICANT	
Name	First <u>Mary</u> Middle <u>Kathleen</u> Last <u>Fortune</u>
Date of Birth	Month <u>12</u> Day <u>21</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>&amp; Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Miller</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father <u>Crawford Fortune</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>OH</u> Birthplace of father (State or foreign country) <u>OH</u> (b) Full maiden name of applicant's mother <u>Betty Lou Merrill</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Brighurst IN</u> Birthplace of mother (State or foreign country) <u>IN</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>James H. Miller</u> Date <u>8/27/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Mary Fortune</u> Date <u>8-27-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____

State of Indiana	)	I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss:	in this application is true and correct.
Signed <u>James H. Miller</u>		
New Address		
Subscribed and sworn to before me this <u>27</u> day of <u>Aug.</u> , 19 <u>91</u>		
<u>Loisne J. Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court		

State of Indiana	)	I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss:	in this application is true and correct.
Signed <u>Mary Fortune</u>		
New Address		
Subscribed and sworn to before me this <u>27</u> day of <u>Aug.</u> , 19 <u>91</u>		
<u>Loisne J. Spence</u> Clerk of the <u>HENDRICKS</u> Circuit Court		

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	

State of Indiana	)	ss:
County of <u>HENDRICKS</u>	)	
Father _____	ID # _____	
Mother _____	ID # _____	
Subscribed and sworn to before me this _____ day of _____, 19 _____		
_____ Clerk		

State of Indiana	)	ss:
County of <u>HENDRICKS</u>	)	
Father _____	ID # _____	
Mother _____	ID # _____	
Subscribed and sworn to before me this _____ day of _____, 19 _____		
_____ Clerk		

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
 I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91, authorizing the marriage of JAMES HOWARD MILLER 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 (date), at DANVILLE in HENDRICKS County, Indiana, JAMES HOWARD MILLER of HENDRICKS County IN (state), and MARY KATHLEEN FORTUNE of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91. Signed by: /s/ CYNTHIA J. SPENCE, 1ST DEPUTY CLERK (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-27-91 (date).

Signed Loisne J. Spence Clerk  
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

No. 461

File 8-27-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-2-91  
Name of Physician Metra Health, Lafayette, La.

**MALE APPLICANT**

Name David First Joe Middle Graham Last  
Date of Birth 4 Month 21 Day 69 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 101 S. Melrose, N. Salem, Hendricks, In. Street or R.R.  City  County  State   
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages   
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date   
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
- (a) Full name of applicant's father James Robert Graham  
(If adopted, list adoptive parents only) 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 Vicki Jean McKinzie  
(If adopted, list adoptive parents only) Indiana  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Kim First Lynnette Middle Fuzesi Last  
Date of Birth 10 Month 5 Day 70 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 7276 Paulinda Dr, Indianapolis, Marion, In. Street or R.R.  City  County  State   
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages   
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date   
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.
- (a) Full name of applicant's father Alan Lee Fuzesi  
(If adopted, list adoptive parents only) 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 Shirley Dorel Wright  
(If adopted, list adoptive parents only) Indiana  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Alaska

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David Joe Graham Date 8/27/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court  Date

State of Indiana HENDRICKS ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed David Joe Graham  
New Address   
Subscribed and sworn to before me this 27th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS ) ss:  
County of HENDRICKS )  
Father  ID #   
Mother  ID #   
Subscribed and sworn to before me this  day of , 19   
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Kim Lynnette Fuzesi Date 8/27/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court  Date

State of Indiana HENDRICKS ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Kim Lynnette Fuzesi  
New Address Same  
Subscribed and sworn to before me this 27th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS ) ss:  
County of HENDRICKS )  
Father  ID #   
Mother  ID #   
Subscribed and sworn to before me this  day of , 19   
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91, authorizing the marriage of David J. Graham and Kim L. Fuzesi. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-6-91 (date), at Danville in Hendricks County, Indiana, David J. Graham of Hendricks County Indiana (state), and Kim L. Fuzesi of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-6-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-6-91 (date).

Signed Connie Lawson Clerk  
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

No. 462  
File \_\_\_\_\_  
Date of Application 8-27-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 7-24-91  
Name of Physician Karen Johns, M.D.

MALE APPLICANT	
Name	First <u>Tony</u> Middle <u>Allen</u> Last <u>Saathoff</u>
Date of Birth	Month <u>2</u> Day <u>28</u> Year <u>61</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>710 Maple Ln.</u> City <u>Mooresville</u> County <u>Morgan</u> State <u>IN.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Russell Lee Saathoff, Sr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Opretta June Morgan</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Reana</u> Middle <u>Ann</u> Last <u>Arnold</u>
Date of Birth	Month <u>4</u> Day <u>13</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>416 Eaglecrest Dr.</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Billy V. Arnold</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Imogene L. Lott</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Tony A. Saathoff Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Tony A. Saathoff in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Reana A. Arnold Date 8-27-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Reana A. Arnold in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 27th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-27-91, authorizing the marriage of Tony A. Saathoff and Reana A. Arnold. I further certify that the following marriage certificate was filed in my office: 10-5-91  
I, Carl P. McMurray (name), certify that on \_\_\_\_\_  
(date), at Brownsburg in Hendricks County, Indiana, \_\_\_\_\_  
Tony Saathoff of Morgan County Indiana (state), and \_\_\_\_\_  
Reana Arnold 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 10-5-91  
Signed by: /s/ Carl P. McMurray Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-9-91 (date).

Signed Connie Lawson Clerk  
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

No. 463

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Major Health

**MALE APPLICANT**

Name William First Daniel Middle Faulkner II Last  
Date of Birth 9 Month 1 Day 59 Year  
Place of Birth (State or foreign country) IN  
Residence Address Same as above Street or R.R. → City → County → State →  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-19-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father William D. Faulkner I  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) KY  
(b) Full maiden name of applicant's mother Edna Jean Rudder  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Lake Holiday, Indianapolis  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant William D. Faulkner Date 08-28-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.

Signed William D. Faulkner  
New Address Same as above

Subscribed and sworn to before me this 28 day of 8, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Tammy First Edens Middle Anderson Last  
Date of Birth 11 Month 29 Day 59 Year  
Place of Birth (State or foreign country) IN  
Residence Address Rt 1 Box 246C Street or R.R. → City Pittsboro County IN State IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-30-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Robert J. Faulkner II, Pamela D.

6. (a) Full name of applicant's father Robert Ray Edens  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Ruth Eulene Norman  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Pittsboro IN  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Tammy E. Anderson 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.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.

Signed Tammy E. Anderson  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 28 day of 8, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-91, authorizing the marriage of William D. Faulkner II and Tammy E. Anderson. I further certify that the following marriage certificate was filed in my office: I, David Kovalow-St. John (name), certify that on 10-5-91 (date), at 2.30 P.M. in Pittsboro in Hendricks County, Indiana, William D. Faulkner II of Hendricks County, Indiana (state), and Tammy E. Anderson 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 10-5-91. Signed by: /s/ Rev. Dave Kovalow-St. John Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-8-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 464

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Don Kerner, MD

**MALE APPLICANT**

Name Donald John Nagel  
Date of Birth 5 19 63  
Place of Birth (State or foreign country) Indiana  
Residence Address 7190 State St. 267 North, Brownsville, Ind., In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Donald Joseph Nagel  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Patricia Anne Berner  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Julie Ann Hartman  
Date of Birth 8 4 67  
Place of Birth (State or foreign country) Indiana  
Residence Address 5545 Portsmouth - Apt. D, Indpls, Marion, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Wilford Anthony Hartman, Jr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sharon Kay Brinkbecker  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Illinois

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Donald J. Nagel 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Donald J. Nagel  
New Address Same as above  
Subscribed and sworn to before me this 28th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Julie A. Hartman 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Julie A. Hartman  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 28th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-91, authorizing the marriage of Ronald J. Nagel and Julie A. Hartman. I further certify that the following marriage certificate was filed in my office: 9-7-91  
I, Father Charles Sean Chesebrough (name), certify that on 9-7-91 (date), at Mary Queen of Peace - Danville in Hendricks County, Indiana, Ronald J. Nagel of Hendricks County Indiana (state), and Julie A. Hartman 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 9-7-91.  
Signed by: /s/ Fr. C.S. Chesebrough, Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-12-91 (date).

Signed Connie Lawson Clerk  
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

No. 465  
File \_\_\_\_\_  
Date of Application 8-28-91

HENDRICKS County

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 3-30-90  
Name of Physician Dr. Helen Degeen Egenbusch, MD

MALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Larry Eugene Marsh</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Carol Ann Bland</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>				

FEMALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Kenneth Swain</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Brenda Louise Thomas</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>				

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>X Darrell E Marsh</u>	Date <u>8/28/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana _____ ) ss: I swear/affirm that the information given	
County of <u>HENDRICKS</u> _____ )	in this application is true and correct.
Signed <u>X Darrell E Marsh</u>	
New Address <u>5477 B Village Green Ct, Jersey</u>	
Subscribed and sworn to before me this <u>28th</u> day of <u>August</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>X Katherine Swain</u>	Date <u>8-28-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana _____ ) ss: I swear/affirm that the information given	
County of <u>HENDRICKS</u> _____ )	in this application is true and correct.
Signed <u>X Katherine Swain</u>	
New Address _____	
Subscribed and sworn to before me this <u>28th</u> day of <u>August</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ )	
County of <u>HENDRICKS</u> _____ )	ss:
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
Clerk _____	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ )	
County of <u>HENDRICKS</u> _____ )	ss:
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
Clerk _____	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>8-28-91</u> , authorizing the marriage of <u>Darrell Eugene Marsh</u> and <u>Katherine Michele Swain</u> . I further certify that the following marriage certificate was filed in my office: I, <u>Rev. Dave Kovalow-St. John</u> (name), certify that on <u>9-21-91</u> (date), at <u>Lizton</u> in <u>Hendricks</u> County, Indiana, <u>Darrell Eugene Marsh</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Katherine Michele Swain</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>9-21-91</u> . Signed by: <u>/s/ Rev. Dave Kovadow-St. John</u> , Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on <u>10-2-91</u> (date).	

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 466

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 ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Charles Tripple

MALE APPLICANT	
Name	First <u>Jack</u> Middle <u>A</u> Last <u>Thomas</u>
Date of Birth	Month <u>5</u> Day <u>26</u> Year <u>49</u>
Place of Birth (State or foreign country)	<u>Indianapolis Indiana</u>
Residence Address	Street or R.R. <u>209 N. Warman</u> City <u>Indpls</u> State <u>IN</u> Zip <u>46222</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>4</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-87</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Melissa Thomas is

- (a) Full name of applicant's father William Albert Thomas  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) deceased  
Birthplace of father (State or foreign country) Ky.
- (b) Full maiden name of applicant's mother Helen Louis Martin  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) deceased  
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT	
Name	First <u>Keven</u> Middle <u>A</u> Last <u>Burton</u>
Date of Birth	Month <u>8</u> Day <u>21</u> Year <u>47</u>
Place of Birth (State or foreign country)	<u>Indianapolis IN</u>
Residence Address	Street or R.R. <u>793 Dan Jones Road</u> City <u>Plainfield</u> State <u>IN</u> Zip <u>46168</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>79</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Belmon Lee Floyd Sr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) deceased  
Birthplace of father (State or foreign country) KY.
- (b) Full maiden name of applicant's mother Betty Lou Henderson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Jack A. Thomas</u> Date <u>8-28-91</u>

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana	)	ss:	I swear/affirm that the information given
County of <u>HENDRICKS</u>	)		in this application is true and correct.
X Signed <u>Jack A. Thomas</u>			
New Address <u>793 Dan Jones Rd.</u>			
Subscribed and sworn to before me this <u>28th</u> day of <u>August</u> , 19 <u>91</u>			
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court			

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana	)	ss:	
County of <u>HENDRICKS</u>	)		
Father		ID #	
Mother		ID #	
Subscribed and sworn to before me this _____ day of _____, 19____			
Clerk			

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Keven A. Burton</u> Date <u>8-28-91</u>

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana	)	ss:	I swear/affirm that the information given
County of <u>HENDRICKS</u>	)		in this application is true and correct.
X Signed <u>Keven A. Burton</u>			
New Address <u>793 Dan Jones Rd.</u>			
Subscribed and sworn to before me this <u>28th</u> day of <u>August</u> , 19 <u>91</u>			
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court			

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana	)	ss:	
County of <u>HENDRICKS</u>	)		
Father		ID #	
Mother		ID #	
Subscribed and sworn to before me this _____ day of _____, 19____			
Clerk			

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-28-91, authorizing the marriage of Jack A. Thomas and Keven A. Burton. I further certify that the following marriage certificate was filed in my office: I, Dr. Richard C. Keeley, Th.D. (name), certify that on 8-31-91 (date), at Plainfield in Hendricks County, Indiana, Jack A. Thomas of Hendricks County Indiana (state), and Keven A. Burton of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-91. Signed by: /s/ Dr. Richard C. Keeley, Th.D. Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-5-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 467

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 \_\_\_\_\_  
Name of Physician Dr. Donald Haggard, MD

## MALE APPLICANT

Name John Orville Parsons, Jr.  
Date of Birth 11 17 68  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. 1 Box 463, Clayton, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father John Orville Parsons, Jr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Phyllis Jean West  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant John O. Parsons Jr. Date 8/29/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed John O. Parsons Jr. in this application is true and correct.  
New Address 7637 Badger Ct. #C, Indpls, 46260  
Subscribed and sworn to before me this 29th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Stephanie Lynn Darnell  
Date of Birth 10 28 71  
Place of Birth (State or foreign country) Indiana  
Residence Address Judor RD, Box 74, Stilesville, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Donald Richard Darnell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Susan Phyllis Kersey  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) California

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Stephanie Darnell Date 8/29/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Stephanie Darnell in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 29th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-91, authorizing the marriage of John Orville Parson, Jr. and Stephanie Lynn Darnell. I further certify that the following marriage certificate was filed in my office: I, Carl Akard Riley (name), certify that on 9-14-91 (date), at Plainfield in Hendricks County, Indiana, John O. Parsons, Jr. of Marion County Indiana (state), and Stephanie L. Darnell of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Carl Akard Riley, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-17-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 468

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 8-29-91  
Name of Physician Dr. David Hoagwood, MD

MALE APPLICANT	
Name	First Middle Last Derek John Deuth
Date of Birth	Month Day Year 4 7 71
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State 1236 Benff Rd. Plainfield, Hendricks, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: John Bradford Deuth (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Texas (b) Full maiden name of applicant's mother: Elwanda Lee Johnson (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Alabama</p>	

FEMALE APPLICANT	
Name	First Middle Last Jennifer Lynn McLaughlin
Date of Birth	Month Day Year 3 18 73
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State 1430 Sabrina Ct. Plainfield, Hendricks, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: James Robert McLaughlin (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): New York (b) Full maiden name of applicant's mother: Vicki Lynn Belt (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Indiana</p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	X Derek J. Deuth Date 8-29-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct. Signed X Derek J. Deuth New Address _____ Subscribed and sworn to before me this 29th day of August, 19 91 Connie Lawson Clerk of the HENDRICKS Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	Jennifer Lynn McLaughlin Date 8-29-91
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct. Signed Jennifer Lynn McLaughlin New Address _____ Subscribed and sworn to before me this 29th day of August, 19 91 Connie Lawson Clerk of the HENDRICKS Circuit Court	

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-91, authorizing the marriage of Derek John Deuth and Jennifer Lynn McLaughlin. I further certify that the following marriage certificate was filed in my office: I, John Caldwell (name), certify that on 9-14-91 (date), at Indianapolis in Hendricks County, Indiana, (state), and Derek John Deuth of Hendricks County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. 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  
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

No. 469

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  
Name of Physician Dr. J. Walter, M.D.

**MALE APPLICANT**

Name Gerald First Clifford Middle Boger, Jr. Last  
Date of Birth 11 Month 25 Day 64 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 1309 Oakwell Farm, Sp. Hermitage, Davidson, TN Street or R.R. City County State 37076  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Gerald Clifford Boger, Sr.  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Martha Louise Emmick  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Gerald C. Boger, Jr. Date 8/29/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Gerald Boger, Jr. in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 29th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Cynthia First Mae Middle Ratcliffe Last  
Date of Birth 7 Month 10 Day 69 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 619 Woodridge Dr. Plainfield, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Earl Thomas Ratcliffe  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Kentucky  
(b) Full maiden name of applicant's mother Margie Opal Cox  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Cynthia M. Ratcliffe Date 8/29/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Cynthia M. Ratcliffe in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 29th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-91, authorizing the marriage of Gerald C. Boger, Jr. and Cynthia M. Ratcliffe.  
I, John Eakle, further certify that the following marriage certificate was filed in my office: (date), at Plainfield in Hendricks County, Indiana, Gerald C. Boger, Jr. of Hendricks County Indiana (state), and Cynthia M. Ratcliffe of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-91.  
Signed by: /s/ John Eakle, Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-16-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 470

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 Mr. Rebecca Haak, MD

MALE APPLICANT	
Name	First <u>Ralph</u> Middle <u>Wyatt</u> Last <u>Newby</u>
Date of Birth	Month <u>2</u> Day <u>5</u> Year <u>56</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>11225 W. Washington St. #45</u> City <u>Indpls, Ind.</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-84</u>
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p> <p>6. (a) Full name of applicant's father <u>Joe Louis Newby</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Betty Ann Followell</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Dianna</u> Middle <u>Sue</u> Last <u>Walls</u>
Date of Birth	Month <u>10</u> Day <u>12</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u>Indpls, Ind.</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-86</u>
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Justin Wyatt Walls, Christina Ann Phillips, Jennifer Elizabeth Phillips</u></p> <p>6. (a) Full name of applicant's father <u>Lonnie Ray Walls</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Brenda Albertus Jamison</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Virginia</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Ralph W. Newby</u> Date <u>8-29-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Ralph W. Newby</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>29th</u> day of <u>August</u> , 19 <u>91</u>
<u>Connie Lawson</u> Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Dianna Walls</u> Date <u>Aug 29, 91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Dianna Walls</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>29th</u> day of <u>August</u> , 19 <u>91</u>
<u>Connie Lawson</u> Clerk of the	<u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID #
Mother	ID #
Subscribed and sworn to before me this	day of , 19
Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID #
Mother	ID #
Subscribed and sworn to before me this	day of , 19
Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-29-91, 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 (name), certify that on 8-30-91 (date), at Anderson in Madison County, Indiana, Ralph W. Newby of Hendricks County Indiana (state), and Dianna S. Walls of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91. Signed by: /s/ Frederick M. Busby Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-3-91 (date).

Signed Connie Lawson Clerk  
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

No. 471

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 Batrick Doolan, MD

**MALE APPLICANT**

Name Samuel First Ray Middle Leedy Last  
Date of Birth 4 Month 2 Day 73 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 5470 Pleasant Hill Circle, Apt F-2, Marion, In  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Junior Leedy  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Tennessee  
(b) Full maiden name of applicant's mother Rose Lee Collins  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Samuel R Leedy Date aug 30

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court — Date 01

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Samuel R Leedy in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father — ID # —  
Mother — ID # —  
Subscribed and sworn to before me this — day of —, 19 —  
Clerk

**FEMALE APPLICANT**

Name Melissa First Ann Middle Ball Last  
Date of Birth 8 Month 13 Day 73 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. 1 Box 111C, Pittsboro, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Larry Wayne Ball  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Virginia  
(b) Full maiden name of applicant's mother Paula Lynn Ferguson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Melissa A Ball Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court — Date —

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Melissa A Ball in this application is true and correct.  
New Address —  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father — ID # —  
Mother — ID # —  
Subscribed and sworn to before me this — day of —, 19 —  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the — County — Court, by written order issued — and filed in —, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91, authorizing the marriage of Samuel Ray Leedy and Melissa Ann Ball. I further certify that the following marriage certificate was filed in my office: 8-31-91 (name), certify that on 8-31-91 in Hendricks County, Indiana, Samuel Ray Leedy of Marion County Indiana (state), and Melissa Ann Ball of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-31-91. Signed by: /s/ Rev. James R. Davis Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-4-91 (date).

Signed Connie Lawson Clerk  
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

No. 472  
File \_\_\_\_\_  
Date of Application 8-30-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-30-91  
Name of Physician Dr. Johns, M.D.

MALE APPLICANT	
Name	First <u>David</u> Middle <u>Allan</u> Last <u>Tamlin</u>
Date of Birth	Month <u>8</u> Day <u>7</u> Year <u>53</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>8465 N. 925E</u> City <u>Brownsville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Mark Anthony Tamlin</u> <u>Jason Allan Tamlin</u>, <u>Jennifer Lynn Tamlin</u></p> <p>6. (a) Full name of applicant's father: <u>Fredrick Chester Tamlin</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Margaret Shifer</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Patricia</u> Middle <u>Ann</u> Last <u>Buytas</u>
Date of Birth	Month <u>2</u> Day <u>24</u> Year <u>50</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-88</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children: <u>Lina Marie Mahler</u> <u>Sarah Lynn Mahler</u>, <u>Rachel Michelle Buytas</u></p> <p>6. (a) Full name of applicant's father: <u>William Clifford Wills</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>deceased</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother: <u>Elizabeth Jean Yancy</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X David A. Tamlin Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X David A. Tamlin in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Patricia A. Buytas Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed X Patricia A. Buytas in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91, authorizing the marriage of David Allan Tamlin and Patricia Ann Buytas. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 8-30-91 (date), at Danville in Hendricks County, Indiana, David A. Tamlin of Hendricks County Indiana (state), and Patricia A. Buytas of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 8-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



**STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County

No. 473  
File \_\_\_\_\_  
Date of Application 8-30-91

Information upon applying for license.  
Furnishes false information to a clerk of the  
person applies for a marriage license under  
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 Michael Lee Crouse  
Date of Birth 5 28 49  
Place of Birth (State or foreign country) Indiana  
Residence Address 111 S. Milton, P.O. Box 158, Coatesville, Hendricks, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Andrew Jay Crouse
6. (a) Full name of applicant's father Austin Elworth Crouse  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Georgia Ruth Cowensock  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) deceased  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Patricia Ann Trump  
Date of Birth 5 14 44  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. 1 Box 465, Coatesville, Hendricks, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 86  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Annie Trump, Mark Trump, Daniel Trump, Jeff Trump, Michelle Johnson, David Johnson
6. (a) Full name of applicant's father James Richard Hiner  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Oklahoma  
(b) Full maiden name of applicant's mother Nanette Rose Dowd  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) deceased  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Michael L. Crouse Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Michael L. Crouse  
Signed X Michael L. Crouse in this application is true and correct.  
New Address R.R. 1 Box 465, Coatesville, In.  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Patricia A. Trump Date 8/30/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Patricia A. Trump  
Signed X Patricia A. Trump in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-5-91, authorizing the marriage of Michael L. Crouse and Patricia A. Trump. I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-8-91 in Brown County, Indiana, (date), at Nashville (state), and Michael L. Crouse of Hendricks County Indiana (state), and Patricia A. Trump of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-8-91. 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).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 474

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 \_\_\_\_\_  
Name of Physician Dr. Heager

**MALE APPLICANT**

Name First Jeffrey Middle Allen Last Wallace  
Date of Birth Month 2 Day 9 Year 65  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. P.O. Box 155 City Ellettsville County Hendricks State In  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☒ Date 9-90  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Buffus Allen Wallace  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Benny Morris  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Norma Middle Joan Last Jones  
Date of Birth Month 12 Day 23 Year 66  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. Same City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Anthony J. Jones  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Florida  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Margaret L. Boat  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jeff Wallace Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Jeff Wallace  
New Address Same  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Norma Joan Jones Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Norma Joan Jones  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91, authorizing the marriage of Jeffrey A. Wallace and Norma J. Jones. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-17-91 (date), at Danville in Hendricks County, Indiana, Jeffrey A. Wallace of Hendricks County Indiana (state), and Norma J. Jones of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-17-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-17-91 (date).

Signed Connie Lawson Clerk  
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

No. 475

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 7-15-91  
Name of Physician Dr. Joseph Thompson, MD

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Everett</u> Last <u>Heald</u>
Date of Birth	Month <u>7</u> Day <u>25</u> Year <u>59</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1603 W. Main St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Loren Earl Heald</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Doris Mae Rees</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Illinois</u></p>	

FEMALE APPLICANT	
Name	First <u>Susan</u> Middle <u>Kay</u> Last <u>Moorman</u>
Date of Birth	Month <u>11</u> Day <u>30</u> Year <u>62</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1603 W. Main St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>John Edward Moorman</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Rhea Donna Miller</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant William E. Heald Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS \_\_\_\_\_ in this application is true and correct.  
Signed William E. Heald  
New Address Same  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Susan K. Moorman Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS \_\_\_\_\_ in this application is true and correct.  
Signed Susan K. Moorman  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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 \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91, authorizing the marriage of William E. Heald and Susan K. Moorman. I further certify that the following marriage certificate was filed in my office: I, Keith H. Kirk (name), certify that on 9-14-91 (date), at Indianapolis in Marion County, Indiana, William E. Heald of Hendricks County Indiana (state), and Susan K. Moorman of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Keith H. Kirk Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-18-91 (date).

Signed Connie Lawson Clerk  
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

No. 476

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 \_\_\_\_\_  
Name of Physician Dr. Paul Clark

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>William</u> Last <u>Fields</u>
Date of Birth	Month <u>8</u> Day <u>8</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>497 Tibbs St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Robert Herman Fields  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana
- (b) Full maiden name of applicant's mother Nancy Marie Flynn  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT	
Name	First <u>Vicki</u> Middle <u>Yvonne</u> Last <u>Bartley</u>
Date of Birth	Month <u>5</u> Day <u>25</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1738 S. Center St.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Robert W. Bartley  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Massville Indiana  
Birthplace of father (State or foreign country) Ind
- (b) Full maiden name of applicant's mother Opdith K. Smith  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Plainfield Ind  
Birthplace of mother (State or foreign country) Ind

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Michael W. Fields Date 8-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Michael W. Fields  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Vickie Bartley Date 09-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Vickie Bartley  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-5-91, authorizing the marriage of Michael W. Fields and Vickie Y. Bartley. I further certify that the following marriage certificate was filed in my office: I, James D. Cain (name), certify that on 9-14-91 (date), at Centerton Christian Church in Morgan County, Indiana, Michael W. Fields of Hendricks County Indiana (state), and Vickie Y Bartley of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ James D. Cain Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-18-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



Do not  
Publish

STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 477

File 8-30-91  
Date of Application

Information upon applying for license.  
Whoever furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-27-91  
Name of Physician Dr. Rick Bates, M.D.

MALE APPLICANT

Name Randy Scott Lanier  
Date of Birth 12 Month 25 Day 68 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 2824 S. Honey Creek Rd, Greenwood, Johnson, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Denver Ross Lanier  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Janice Carol Benekener  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Randy Scott Lanier Date 8/30/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Lawson Date 8/30/91

State of Indiana )  
County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.

Signed Randy Scott Lanier  
New Address Same

Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana )  
County of HENDRICKS ss:

Father — ID # —  
Mother — ID # —

Subscribed and sworn to before me this — day of —, 19 —  
Clerk —

FEMALE APPLICANT

Name Theresa Leann Henry  
Date of Birth 9 Month 22 Day 67 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 251 Carterburg Rd, Danville, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Danforth E. Henry  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Gerrianne Jarvis  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Theresa L. Henry Date 8/30/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Connie Lawson Date 8/30/91

State of Indiana )  
County of HENDRICKS ss: I swear/affirm that the information given in this application is true and correct.

Signed Theresa L. Henry  
New Address —

Subscribed and sworn to before me this 30th day of August, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary —

State of Indiana )  
County of HENDRICKS ss:

Father — ID # —  
Mother — ID # —

Subscribed and sworn to before me this — day of —, 19 —  
Clerk —

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 8-30-91, authorizing the marriage of Randy Scott Lanier and Theresa Leann Henry

I, A. W. Farnsworth IV, further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91

(date), at Danville in Hendricks County, Indiana, — (state), and Randy S. Lanier of Johnson County Indiana (state), and Theresa L. Henry of Hendricks County Indiana (state) were married by me as authorized

under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91  
Signed by: /s/ A. W. Farnsworth IV Clerk (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 9-25-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 478

File

9-03-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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
<p>Name: <u>Robert</u> First <u>George</u> Middle <u>Vicars</u> Last</p> <p>Date of Birth: <u>12</u> Month <u>22</u> Day <u>21</u> Year</p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>3390 W. 86th St. Indianapolis, Marion, In.</u> Street or R.R. City County State</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-86</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>George Vicars</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Deceased</u> Birthplace of father (State or foreign country): <u>England</u></p> <p>(b) Full maiden name of applicant's mother: <u>Ana Laird</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Deceased</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	<p>Name: <u>Shirley</u> First <u>Ann</u> Middle <u>Bedding</u> Last</p> <p>Date of Birth: <u>5</u> Month <u>13</u> Day <u>41</u> Year</p> <p>Place of Birth (State or foreign country): <u>Tennessee</u></p> <p>Residence Address: <u>6835 E. 100N Danville, Hendricks, In.</u> Street or R.R. City County State</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>3</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>88</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Vernice Lee Mundy</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Deceased</u> Birthplace of father (State or foreign country): <u>Inn.</u></p> <p>(b) Full maiden name of applicant's mother: <u>Barline Mittelstrasser</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Tenn.</u></p>
ACKNOWLEDGMENT	ACKNOWLEDGMENT
<p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Robert Vicars</u> Date: <u>9-3-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed: <u>Robert Vicars</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>3rd</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant: <u>Shirley A. Bedding</u> Date: <u>9/3/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed: <u>Shirley A. Bedding</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>3rd</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
<p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p>	
<p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated _____, authorizing the marriage of _____ and _____.</p> <p>I, _____, I further certify that the following marriage certificate was filed in my office: (name), certify that on _____ (date), at _____ in _____ County, Indiana, _____ of _____ County _____ (state), and _____ of _____ County _____ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated _____ Signed by: _____, _____ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on _____ (date).</p>	
<p>Signed _____ Clerk <u>HENDRICKS</u> Circuit Court</p>	



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. 479

File

9-3-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-3-91  
Name of Physician Stephen Hegen, MD

MALE APPLICANT

Name David Ray Niederer  
Date of Birth 12 4 67  
Place of Birth (State or foreign country) Ohio  
Residence Address 5714 Port Jellia Dr. #12, Indianapolis, Marion, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Dr. Albert Ray Niederer  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Texas  
Birthplace of father (State or foreign country) Texas  
(b) Full maiden name of applicant's mother Anna Lake Waters  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Texas  
Birthplace of mother (State or foreign country) Texas

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X David Niederer Date 9/3/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.

Signed X David Niederer  
New Address Same

Subscribed and sworn to before me this 3rd day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Misty Ann Parker  
Date of Birth 11 30 67  
Place of Birth (State or foreign country) Indiana  
Residence Address 3153 Wilsey Rd. Plainfield, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Ralph Arthur Parker  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Betty Lou Doss  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Kentucky  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Misty Parker Date 9-3-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) I swear/affirm that the information given  
County of HENDRICKS ) ss: \_\_\_\_\_ in this application is true and correct.

Signed X Misty Parker  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 3rd day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-3-91, authorizing the marriage of David Ray Niederer and Misty Ann Parker. I further certify that the following marriage certificate was filed in my office: I, Dr. Ray Niederer (name), certify that on 9-28-91 (date), at Plainfield in Hendricks County, Indiana, David Ray Niederer of Marion County Indiana (state), and Misty Ann Parker of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-3-91. Signed by: /s/ Ray Niederer, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 480  
File \_\_\_\_\_  
Date of Application 9-4-91HENDRICKS 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 Rebecca Hawk

MALE APPLICANT	FEMALE APPLICANT
Name <u>Brian</u> First <u>Gregory</u> Middle <u>Sears</u> Last	Name <u>Jessica</u> First <u>Odette</u> Middle <u>Smith</u> Last
Date of Birth <u>9</u> Month <u>7</u> Day <u>73</u> Year	Date of Birth <u>3</u> Month <u>25</u> Day <u>73</u> Year
Place of Birth (State or foreign country) <u>IN</u>	Place of Birth (State or foreign country) <u>Florida</u>
Residence Address <u>2315 Birscey Sq. Indpls.</u> Street or R.R. City County State	Residence Address <u>731 Cross St PId.</u> Street or R.R. City County State
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Cory Tyler Sears</u> _____ 6. (a) Full name of applicant's father <u>Stephen J. Sears</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Charlotte R. Doll</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Danville IN</u> Birthplace of mother (State or foreign country) <u>IN</u>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Cory Tyler Sears</u> _____ 6. (a) Full name of applicant's father <u>Robert T. Smith</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>PId. IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Kathy Hurst</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>PId IN</u> Birthplace of mother (State or foreign country) <u>Alabama</u>
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Brian G. Sears</u> Date <u>9-4-91</u>	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Jessica O Smith</u> Date <u>9-4-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Brian G. Sears</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>4</u> day of <u>9</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Jessica O Smith</u> in this application is true and correct. New Address <u>2315 Birscey Sq Indpls</u> Subscribed and sworn to before me this <u>4</u> day of <u>9</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father <u>X Charlotte R. Phillips</u> ID # <u>303-50-2269</u> Mother _____ ID # _____ Subscribed and sworn to before me this <u>4</u> day of <u>9</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-4-91, authorizing the marriage of Brian G. Sears and Jessica D. Smith. I further certify that the following marriage certificate was filed in my office: I, Warren P. Dafoe (name), certify that on 9-6-91 (date), at Plainfield in Hendricks County, Indiana, Brian Sears of Marion County Indiana (state), and Jessica Smith of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-6-91. Signed by: /s/ Rev. Warren P. Dafoe, Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-11-91 (date).

Signed Connie Lawson Clerk  
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

No. 481

File

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-15-91  
Name of Physician Linda Walnum, M.D.

MALE APPLICANT	
Name	First <u>Bryce</u> Middle <u>Patrick</u> Last <u>Burgess</u>
Date of Birth	Month <u>6</u> Day <u>2</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>3017 Highland Dr.</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>-</u>
6. (a) Full name of applicant's father	<u>James Patrick Burgess</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Adise Ann Stiles</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Michele</u> Middle <u>Lynn</u> Last <u>Johns</u>
Date of Birth	Month <u>5</u> Day <u>24</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>9726 Karen Dr.</u> City <u>Indianapolis</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>-</u>
6. (a) Full name of applicant's father	<u>Donald Earl Johns</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Linda Sue Mills</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Deceased</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Bryce Burgess Date 9/4/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court [Signature] Date

State of Indiana HENDRICKS ss: [Signature] I swear/affirm that the information given in this application is true and correct.

Signed [Signature] New Address 6349 S. Monarch Dr. Indianapolis 46241

Subscribed and sworn to before me this 4th day of Sept., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michele Johns Date 9-4-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court [Signature] Date

State of Indiana HENDRICKS ss: [Signature] I swear/affirm that the information given in this application is true and correct.

Signed [Signature] New Address [Blank]

Subscribed and sworn to before me this 4th day of Sept., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS ) ss: [Signature]

Father [Blank] ID # [Blank]

Mother [Blank] ID # [Blank]

Subscribed and sworn to before me this [Blank] day of [Blank], 19 [Blank]

[Blank] Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana HENDRICKS ) ss: [Signature]

Father [Blank] ID # [Blank]

Mother [Blank] ID # [Blank]

Subscribed and sworn to before me this [Blank] day of [Blank], 19 [Blank]

[Blank] Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-4-91, authorizing the marriage of Bryce P. Burgess and Michele L. Johns. I further certify that the following marriage certificate was filed in my office: I, Rev. Leonard B. Maynard (name), certify that on 10-5-91 (date), at North Liberty Christian Church in Marion County, Indiana, Bryce P. Burgess of Marion County Indiana (state), and Michele Johns 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 10-5-91. 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 (date).

Signed Connie Lawson Clerk 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

No. 482  
File \_\_\_\_\_  
Date of Application 9-4-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-28-91  
Name of Physician Anna M. Buinowicz, MD

MALE APPLICANT	
Name	First <u>Christopher</u> Middle <u>Todd</u> Last <u>Moretto</u>
Date of Birth	Month <u>2</u> Day <u>10</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>8019 Stonehenge Dr.</u> City <u>Indianapolis</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>'82</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Diversa License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Nathan Daniel</u> <u>Moretto</u>
6. (a) Full name of applicant's father.	<u>Thomas James Moretto</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Nancy Carol Hurtner</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Tammie</u> Middle <u>Maria</u> Last <u>Cones</u>
Date of Birth	Month <u>10</u> Day <u>6</u> Year <u>61</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>3390 Barclay Rd.</u> City <u>Indianapolis</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>'84</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Diversa License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Uriah Alan Cones</u>
6. (a) Full name of applicant's father.	<u>Harold Wilson Strube</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>deceased</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Anne Louise Brown</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Kentucky</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Christopher Moretto Date 9-4-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Christopher Moretto in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 4th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Tammie Maria Cones Date 9-4-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Tammie Maria Cones in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 4th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-4-91, authorizing the marriage of Christopher Todd Moretto and Tammie Maria Cones. I further certify that the following marriage certificate was filed in my office:  
I, Danny Vaughn (name), certify that on 9-29-91 (date), at Plainfield in Hendricks County, Indiana, Christopher Moretto of Marion County Indiana (state), and Tammie Cones of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-29-91.  
Signed by: /s/ Danny Vaughn Judge, PT (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-1-91 (date).

Signed Connie Lawson Clerk  
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

No. 483

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 9-3-91  
Name of Physician M. Rebecca Haskins, M.D.

MALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —
- (a) Full name of applicant's father Paul David Jobe  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Barbara Jean Crabtree  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —
- (a) Full name of applicant's father Gerald M. Bell  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Theresa L. Spears  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Paul S. Jobe Date 9-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Paul S. Jobe  
New Address Same  
Subscribed and sworn to before me this 5th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father Paul S. Jobe ID # \_\_\_\_\_  
Mother Barbara J. Crabtree ID # \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of September, 19 91  
Connie Lawson Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Kara A. Bell Date 9-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Kara A. Bell  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father Gerald M. Bell ID # \_\_\_\_\_  
Mother Theresa L. Spears ID # \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of September, 19 91  
Connie Lawson Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ County, Indiana, dated 9-5-91, authorizing the marriage of Paul Shane Jobe and Kara Ann Bell. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-5-91 (date), at Danville in Hendricks County, Indiana, Paul Shane Jobe of Hendricks County Indiana (state), and Kara Ann Bell of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of \_\_\_\_\_ County, Indiana, dated 9-5-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-6-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 484

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 9-7-91  
Name of Physician The D-Express

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Wesley</u> Last <u>Wilhite</u>
Date of Birth	Month <u>1</u> Day <u>8</u> Year <u>45</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>7421 Woodland Pl.</u> City <u>Bittsburg</u> County <u>Hendricks</u> State <u>In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-13-78</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>James William Wilhite,</u>
6. (a) Full name of applicant's father	<u>Warren Wesley Wilhite</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Beth Louise Strobel</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Carol</u> Middle <u>Ann</u> Last <u>Carlisle</u>
Date of Birth	Month <u>1</u> Day <u>12</u> Year <u>58</u>
Place of Birth (State or foreign country)	<u>Missouri</u>
Residence Address	Street or R.R. <u>8519 Westport Dr.</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-88</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father	<u>Raymond Dean Young</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Illinois</u>
Birthplace of father (State or foreign country)	<u>Missouri</u>
(b) Full maiden name of applicant's mother	<u>Martha Ann Vaught</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Illinois</u>
Birthplace of mother (State or foreign country)	<u>Missouri</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  
Signature of Applicant William W. Wilhite Date 9-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed William W. Wilhite in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 5th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)  
Signature of Applicant Carol A. Carlisle Date 9-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Carol A. Carlisle in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 5th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-5-91, authorizing the marriage of William W. Wilhite and Carol A. Carlisle. I further certify that the following marriage certificate was filed in my office: I, Paul E. Bledsoe (name), certify that on 9-7-91 (date), at Indianapolis in Marion County, Indiana, William W. Wilhite of Hendricks County Indiana (state), and Carol A. Carlisle 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 9-7-91. Signed by: /s/ Paul E. Bledsoe Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-10-91 (date).

Signed Connie Lawson Clerk  
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

No. 485

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 8-28-91  
Name of Physician Dr. Karen John, M.D.

**MALE APPLICANT**

Name First Middle Last  
Steven Allen Gerdt

Date of Birth Month Day Year  
9 4 70

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
115 N. Shiloh Indianapolis, Hendricks, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Sherman A. Gerdt  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Edna M. McCormick  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Middle Last  
Carrie Lynette Myers

Date of Birth Month Day Year  
6 16 71

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
110 North 475 E. Danville, Hendricks, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Harry W. Myers  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Loretta M. Hughes  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Illinois

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Steven A. Gerdt Date 9-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carrie L. Myers Date 9-5-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Steven A. Gerdt  
New Address 845 Pinewood Dr. apt. C. Plainfield

Subscribed and sworn to before me this 5th day of Sept. 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Carrie L. Myers  
New Address

Subscribed and sworn to before me this 5th day of Sept. 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-5-91, authorizing the marriage of Steven Allen Gerdt and Carrie Lynette Myers. I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger (name), certify that on 10-12-91 (date), at Brownsburg in Hendricks County, Indiana, Steven Allen Gerdt of Hendricks County Indiana (state), and Carrie Lynette Myers 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 10-12-91. Signed by: /s/ Harold L. Leininger Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 1-9-92 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 486

File

9-6-91  
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 Dr. McDaniel

MALE APPLICANT	
Name	First <u>Randall</u> Middle <u>Lee</u> Last <u>Young</u>
Date of Birth	Month <u>4</u> Day <u>4</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>937 C Greenwood Dr. P.O.</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-85</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>David Lee Young</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Shirley Mae Nelson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>VA</u>	

FEMALE APPLICANT	
Name	First <u>Patricia</u> Middle <u>Kay</u> Last <u>Sanders</u>
Date of Birth	Month <u>2</u> Day <u>24</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ 6. (a) Full name of applicant's father <u>Samuel James Sanders</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Anderson IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Ruth Ann Joseph</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>[Signature]</u> Date <u>9/6/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	_____ ) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: _____ in this application is true and correct.
Signed	<u>[Signature]</u>
New Address	_____
Subscribed and sworn to before me this <u>6</u> day of <u>9</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Patricia K. Sanders</u> Date <u>9/6/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	_____ ) I swear/affirm that the information given
County of <u>HENDRICKS</u>	ss: _____ in this application is true and correct.
Signed	<u>Patricia K. Sanders</u>
New Address	_____
Subscribed and sworn to before me this <u>6</u> day of <u>9</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana	_____ ) ss:
County of <u>HENDRICKS</u>	_____ )
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
_____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana	_____ ) ss:
County of <u>HENDRICKS</u>	_____ )
Father	ID # _____
Mother	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
_____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-6-91, authorizing the marriage of Randall Lee Young and Patricia Kay Sanders. I further certify that the following marriage certificate was filed in my office: I, Rebecca J. Nunnally (name), certify that on 9-14-91 (date), at Zionsville in Boone County, Indiana, Randall Lee Young of Hendricks County Indiana (state), and Patricia Kay Sanders of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Rebecca J. Nunnally Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-17-91 (date).

Signed Connie Lawson Clerk  
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

No. 487

File \_\_\_\_\_

9-6-91  
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 9-5-91  
Name of Physician Dr. David Haggard, M.D.

MALE APPLICANT	
Name	First <u>Dennis</u> Middle <u>Wayne</u> Last <u>Oberknow</u>
Date of Birth	Month <u>3</u> Day <u>5</u> Year <u>50</u>
Place of Birth (State or foreign country)	<u>Missouri</u>
Residence Address	Street or R.R. <u>647 Simmons</u> City <u>Blainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Benee Lynn Oberknow</u></p> <p>6. (a) Full name of applicant's father <u>Floyd Wayne Oberknow</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Missouri</u></p> <p>(b) Full maiden name of applicant's mother <u>Delpha Elaina Weislocher</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Missouri</u></p>	

FEMALE APPLICANT	
Name	First <u>Janet</u> Middle <u>Susan</u> Last <u>Evens</u>
Date of Birth	Month <u>6</u> Day <u>25</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>Illinois</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Meagan Brooke Evens, Brandon Michael Evens, Abbey Elizabeth Evens</u></p> <p>6. (a) Full name of applicant's father <u>Arthur Wrotten Pugmire</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Illinois</u> Birthplace of father (State or foreign country) <u>Canada</u></p> <p>(b) Full maiden name of applicant's mother <u>Madys Catherine Stevenson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>England</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Dennis Oberknow 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Dennis Oberknow in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 6th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Janet Susan Evens 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Janet Susan Evens in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 6th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-6-91, authorizing the marriage of Dennis W. Oberknow and Janet S. Evens.  
I, Myron Barnard, further certify that the following marriage certificate was filed in my office: (name), certify that on 9-7-91 in Marion County, Indiana, Dennis W. Oberknow of Hendricks County Indiana (state), and Janet S. Evens of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-91.  
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).

Signed Connie Lawson Clerk  
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

No. 488

File 9-6-91

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 Francis J. Jorg

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Jonathan</u>	<u>Paul</u>	<u>Lynn</u>	
Date of Birth	Month	Day	Year	
	<u>5</u>	<u>4</u>	<u>73</u>	
Place of Birth (State or foreign country)	<u>IN</u>			
Residence Address	Street or R.R.	City	County	State
	<u>240 N. Vine Pkwy.</u>			
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Just Thomas Lynn
- (a) Full name of applicant's father: Lowell D. Lynn  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Plaid Rd.  
Birthplace of father (State or foreign country) KD  
(b) Full maiden name of applicant's mother: Gay A. Murray  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Plaid Rd.  
Birthplace of mother (State or foreign country) IN

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Betty</u>	<u>Jo</u>	<u>Wilson</u>	
Date of Birth	Month	Day	Year	
	<u>9</u>	<u>2</u>	<u>74</u>	
Place of Birth (State or foreign country)	<u>OH</u>			
Residence Address	Street or R.R.	City	County	State
	<u>240 N. Vine Pkwy.</u>			
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father: James Everett Wilson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) East Spunk Pool OH  
Birthplace of father (State or foreign country) W. VA  
(b) Full maiden name of applicant's mother: Opal Ann Wilson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) Ohio

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed [Signature]  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 6 day of 9, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 9-6-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed [Signature]  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 6 day of 9, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father [Signature] ID # \_\_\_\_\_  
Mother [Signature] ID # \_\_\_\_\_  
Subscribed and sworn to before me this 9 day of 9, 19 91  
Connie Dawson Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-6-91, authorizing the marriage of 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 in Hendricks County, Indiana, (state), and Jonathan Paul Lynn of Hendricks County Indiana (state), and Betty Jo Wilson of Jefferson County Ohio (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-7-91. Signed by: /s/ Lowell D. Lynn, Sr. Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-10-91 (date).

Signed Connie Dawson Clerk  
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

No. 489

HENDRICKS County

File \_\_\_\_\_

9-9-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Linda Martin

MALE APPLICANT	
Name	First <u>Gerald</u> Middle <u>Vaughn</u> Last <u>Holbrook</u>
Date of Birth	Month <u>9</u> Day <u>19</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>Arizona</u>
Residence Address	Street or R.R. <u>4495 N 1000E</u> City <u>Brownburg</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father. <u>Gary M. V. Holbrook</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Arizona</u> Birthplace of father (State or foreign country) <u>Kansas</u> (b) Full maiden name of applicant's mother. <u>Mary Frances Azzett</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Arizona</u> Birthplace of mother (State or foreign country) <u>Texas</u>	

FEMALE APPLICANT	
Name	First <u>Angela</u> Middle <u>Dawn</u> Last <u>Fruits</u>
Date of Birth	Month <u>5</u> Day <u>21</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. _____ _____ 6. (a) Full name of applicant's father. <u>Charles Edward Fruits</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother. <u>Samela Ann Bank</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Gerald Holbrook Date 9/9/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Gerald V. Holbrook in this application is true and correct.  
New Address 3673 Smalwood Dr. E. Indianapolis  
Subscribed and sworn to before me this 9th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Angie Fruits Date 9-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Angie Fruits in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91, authorizing the marriage of Gerald Vaughn Holbrook and Angela Dawn Fruits. I further certify that the following marriage certificate was filed in my office: I, Harold L. Leininger (name), certify that on 9-21-91 (date), at Calvary United Methodist Church in Hendricks County, Indiana, Gerald Vaughn Holbrook of Marion County Indiana (state), and Angela Dawn Fruits of Hendricks County Indiana (state), were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-24-91. Signed by: /s/ Harold L. Leininger Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-26-91. (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 490

File

9-9-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. Donald Johnson, MD

MALE APPLICANT	
Name	<u>Billy Joe Denny</u>
Date of Birth	<u>11</u> <u>1</u> <u>71</u>
Place of Birth (State or foreign country)	<u>Indianapolis, In.</u>
Residence Address	<u>145 S. Indiana St. Danville, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Robert Paul Denny</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Dorothy Jean Jackson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of mother (State or foreign country) <u>Ind.</u></p>	

FEMALE APPLICANT	
Name	<u>Tricia Elena Nichols</u>
Date of Birth	<u>7</u> <u>30</u> <u>71</u>
Place of Birth (State or foreign country)	<u>Indianapolis, In.</u>
Residence Address	<u>145 S. Indiana St. Danville, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Gerry A. Nichols</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Linda Kay Berry</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indianapolis, In.</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Billy Denny</u> Date <u>9-9-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Billy Denny</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>9th</u> day of <u>Sept.</u> , 19 <u>91</u>
<u>Connie Dawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Tricia Nichols</u> Date <u>9-9-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Tricia Nichols</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>9th</u> day of <u>Sept.</u> , 19 <u>91</u>
<u>Connie Dawson</u>	Clerk of the <u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91, authorizing the marriage of Billy Joe Denny and Tricia Elena Nichols. I further certify that the following marriage certificate was filed in my office: I, Warren Whittington (name), certify that on 9-28-91 (date), at Reelsville in Putnam County, Indiana, Billy Joe Denny of Hendricks County Indiana (state), and Tricia Elena Nichols of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-91. Signed by: /s/ Warren Whittington Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-8-91 (date).

Signed Connie Dawson Clerk  
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

No. 491

File 9-9-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician David Haggard

MALE APPLICANT	
Name	First <u>Todd</u> Middle <u>Alan</u> Last <u>Freeman</u>
Date of Birth	Month <u>6</u> Day <u>16</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>102 Jackson Street</u> City <u>Way Manchester Ave</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>David B. Freeman</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Dorothy Doane</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

FEMALE APPLICANT	
Name	First <u>Judy</u> Middle <u>Ann</u> Last <u>Doane</u>
Date of Birth	Month <u>6</u> Day <u>11</u> Year <u>65</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. <u>1538 N. 50th</u> City <u>Danville</u> County <u>IN</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>David E. Doane</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Anna M. Wallace</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Todd Freeman</u> Date <u>9/9/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) I swear/affirm that the information given County of <u>HENDRICKS</u> ) ss: _____ in this application is true and correct.	
Signed	<u>X Todd Freeman</u>
New Address	<u>Same as above</u>
Subscribed and sworn to before me this	_____ day of <u>9</u> , 19 <u>91</u>
Clerk of the	<u>Connie Lawson</u> <u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Judy A. Doane</u> Date <u>9/9/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) I swear/affirm that the information given County of <u>HENDRICKS</u> ) ss: _____ in this application is true and correct.	
Signed	<u>X Judy A. Doane</u>
New Address	<u>Same as above</u>
Subscribed and sworn to before me this	_____ day of <u>9</u> , 19 <u>91</u>
Clerk of the	<u>Connie Lawson</u> <u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____	
Father	_____ ID # _____
Mother	_____ ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk	_____

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____	
Father	_____ ID # _____
Mother	_____ ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk	_____

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91, authorizing the marriage of Todd A. Freeman and Judy A. Doane. I further certify that the following marriage certificate was filed in my office: (date), at Brownsburg in Hendricks County, Indiana, Todd A. Freeman of Hendricks County Indiana (state), and Judy A. Doane 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 10-5-91. Signed by: /s/ Rev. Daniel B. Donohoo, Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-7-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 492

File \_\_\_\_\_

9-9-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 5-1990  
Name of Physician Dr. Michael Heely, M.D.

**MALE APPLICANT**

Name William First Matthew Middle Johnson Last  
Date of Birth 9 Month 23 Day 71 Year  
Place of Birth (State or foreign country) Illinois  
Residence Address 1310 Smithwood Dr. Jacksonville Pulaski Ark. Street or R.R. Illinois City Illinois County Illinois State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_  
6. (a) Full name of applicant's father William Wayne Johnson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Illinois  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Judy Ann Trent  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Illinois  
Birthplace of mother (State or foreign country) Illinois

**FEMALE APPLICANT**

Name Karla First Ann Middle Scott Last  
Date of Birth 8 Month 11 Day 73 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address R.R. 1 Box 115 Huston, Hendricks, In. Street or R.R. Indiana City Huston County Hendricks State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License  
1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_  
6. (a) Full name of applicant's father Eugene R. Scott  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Virginia  
(b) Full maiden name of applicant's mother Regina D. Weber  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant William Matthew Johnson Date 9-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed William Matthew Johnson in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 9th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Karla A. Scott Date 9/9/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Karla A. Scott in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91, authorizing the marriage of William Matthew Johnson and Karla Ann Scott. I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-14-91 in Hendricks County, Indiana, (date), at Pittsboro County, Indiana, William Matthew Johnson of Boone County, Indiana, (state), and Karla Ann 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 9-12-91. Signed by: /s/ Rev. Dave Kovalow - St. John, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-16-91 (date).

Signed Connie Dawson Clerk  
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

No. 493

File

9-9-91  
Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license.  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Thomas A. Baker

MALE APPLICANT

Name Thomas First Leroy Middle Sanders Last  
Date of Birth 9 Month 3 Day 72 Year  
Place of Birth (State or foreign country) TX  
Residence Address 6 Schubert Street or R.R. 100 City Indianapolis County IN State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Robert A. Sanders  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Beach Grove IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Janet B. Bue  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Same  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Thomas Leroy Sanders Date 9/9/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Thomas Leroy Sanders in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9 day of 9, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Marjorie First June Middle Walls Last  
Date of Birth 9 Month 19 Day 50 Year  
Place of Birth (State or foreign country) IN  
Residence Address Same Street or R.R. 100 City Indianapolis County IN State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Howard W. Walls  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indianapolis IN  
Birthplace of father (State or foreign country) IN  
(b) Full maiden name of applicant's mother Margaret W. Floyd  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Jeddo Ind.  
Birthplace of mother (State or foreign country) IN

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Marjorie J. Walls Date 9-9-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed Marjorie J. Walls in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 9 day of 9, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-9-91, authorizing the marriage of Thomas L. Sanders and Marjorie J. Walls. I further certify that the following marriage certificate was filed in my office: I, Danny Vaughn (name), certify that on 9-14-91 (date), at Indianapolis in Marion County, Indiana, Thomas L. Sanders of Marion County Indiana (state), and Marjorie J. Walls of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-14-91. Signed by: /s/ Danny Vaughn, Judge, PT (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-18-91 (date).

Signed Connie Lawson Clerk  
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

No. 494

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 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
<p>Name <u>Theodore Roosevelt Steele</u></p> <p>Date of Birth <u>8</u> / <u>22</u> / <u>21</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>1570 E. Main St. Danville, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-91</u></p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____</p>	<p>Name <u>Myrtle Irene Miller</u></p> <p>Date of Birth <u>4</u> / <u>11</u> / <u>1907</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>124 Sheffield Dr. Danville, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>62</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Social Security Card - 312-22-6913</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>
<p>6. (a) Full name of applicant's father <u>Sam Steele</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Lucy Mickel</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	<p>6. (a) Full name of applicant's father <u>George France Goodale</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Dollie (Unknown)</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Theodore R. Steele</u> Date <u>9-10-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Theodore R. Steele</u> in this application is true and correct. New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>10th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Myrtle I. Miller</u> Date <u>9-10-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Myrtle I. Miller</u> in this application is true and correct. New Address _____</p> <p>Subscribed and sworn to before me this <u>10th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-10-91, authorizing the marriage of Theodore R. Steele and Myrtle Irene Miller. I further certify that the following marriage certificate was filed in my office: I, A.W. Farnsworth (name), certify that on 9-10-91 (date), at Danville in Hendricks County, Indiana, Theodore R. Steele of Hendricks County Indiana (state), and Myrtle Irene Miller of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-10-91. 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).

Signed Connie Lawson Clerk  
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

No. 495  
File \_\_\_\_\_  
Date of Application 9-10-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Michael A. Prochazka

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Ted</u> Middle <u>Alan</u> Last <u>Underwood</u>	Name	First <u>Mary</u> Middle <u>Katherine</u> Last <u>Esquerdo</u>
Date of Birth	Month <u>8</u> Day <u>27</u> Year <u>48</u>	Date of Birth	Month <u>2</u> Day <u>15</u> Year <u>46</u>
Place of Birth (State or foreign country)	<u>IL</u>	Place of Birth (State or foreign country)	<u>IL</u>
Residence Address	Street or R.R. <u>310 S. Grand St. Dr. Pepp</u> City _____ County _____ State _____	Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>	Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>87'</u>	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>81'</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Krista, Cory</u></p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father. <u>Karel J. Underwood</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Greencastle IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother. <u>Joie Elaine Harrison</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>KY</u></p>		<p>6. (a) Full name of applicant's father. <u>Everett H. Rain</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>OK</u> (b) Full maiden name of applicant's mother. <u>Winifred Moon</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>IL</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Ted Alan Underwood</u> Date <u>9-10-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Ted Underwood</u> New Address _____ Subscribed and sworn to before me this <u>10</u> day of <u>Sept</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Mary Katherine Esquerdo</u> Date <u>9-10-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Mary Katherine Esquerdo</u> New Address _____ Subscribed and sworn to before me this <u>10</u> day of <u>9</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-10-91, authorizing the marriage of Ted Alan Underwood and Mary Katherine Esquerdo. I further certify that the following marriage certificate was filed in my office: 9-18-91  
I, Jeffery A. Trees (name), certify that on \_\_\_\_\_ County, Indiana, \_\_\_\_\_  
(date), at Indianapolis in Marion (state), and \_\_\_\_\_  
Ted A. Underwood of Hendricks County Indiana (state), and \_\_\_\_\_  
Mary Kay Esquerdo of Hendricks County Indiana (state) were married by me as authorized \_\_\_\_\_  
under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91  
Signed by: /s/ Jeffery A. Trees Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-19-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSENo. 496HENDRICKS County

File \_\_\_\_\_

Date of Application \_\_\_\_\_

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician \_\_\_\_\_

**MALE APPLICANT**

Name Roger Dale Nelson  
Date of Birth August 26, 1962  
Place of Birth (State or foreign country) Indianapolis, Marion Co., IN.  
Residence Address 1717 Hemlock Ln, Plym, Ind. 46168  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 12-5-88  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Andrew Nelson
- (a) Full name of applicant's father Everett Henry Nelson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) UNKNOWN  
Birthplace of father (State or foreign country) KY  
(b) Full maiden name of applicant's mother Rosemary Rabel  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

**FEMALE APPLICANT**

Name Cynthia Bee Sandlin  
Date of Birth December 19, 1947  
Place of Birth (State or foreign country) Indianapolis, Marion Co., IN.  
Residence Address 1717 Hemlock Ln, Plym, Ind. 46168  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-16-91  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Dan Sandlin
- (a) Full name of applicant's father Marlin G. Reid  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Dec.  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Beatrice J. Gargan  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Roger Nelson 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Roger Nelson  
New Address SAME  
Subscribed and sworn to before me this 10th day of Sept, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Cynthia B. Sandlin 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Cynthia B. Sandlin  
New Address SAME  
Subscribed and sworn to before me this 10th day of Sept, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-10-91, authorizing the marriage of Roger Dale Nelson and Cynthia Bee Sandlin. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-25-91 (date), at Danville in Hendricks County, Indiana, Roger Dale Nelson of Hendricks County Indiana (state), and Cynthia Bee Sandlin of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-25-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 9-25-91 (date).

Signed Connie Lawson Clerk  
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

No. 497

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 IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-19-91  
Name of Physician Dr. James Brillhart, M.D.

**MALE APPLICANT**

Name Barry First Lee Middle Blizzard Last  
Date of Birth 2 Month 4 Day 63 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 2701 Earleham Ln. Indianapolis, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_
- (a) Full name of applicant's father Reginald Allen Blizzard  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Missouri  
(b) Full maiden name of applicant's mother Barbara Lee Rogers  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Carolyn First Louise Middle Barrickman Last  
Date of Birth 1 Month 11 Day 62 Year  
Place of Birth (State or foreign country) California  
Residence Address Same Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 2-88  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Amanda Jo Barrickman,  
Andrea Lee Barrickman,
- (a) Full name of applicant's father Jerry Preston Board  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Janet Delores Fish  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 10th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 10th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-10-91, authorizing the marriage of Barry Lee Blizzard and Carolyn Louise Barrickman. I further certify that the following marriage certificate was filed in my office: I, Basil Lee Shumaker (name), certify that on 9-17-91 (date), at Plainfield in Hendricks County, Indiana, Barry Lee Blizzard of Hendricks County Indiana (state), and Carolyn Louise Barrickman of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-17-91. Signed by: /s/ Basel L. Shumaker Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-19-91 (date).

Signed Connie Lawson Clerk  
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

No. 498

File \_\_\_\_\_

9-11-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician Dr. Charles Figgles, MD

**MALE APPLICANT**

Name First Robert Middle Wayne Last Tempke  
Date of Birth Month 7 Day 15 Year 47  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. 618 C. Lake Side Dr. City Plainfield County Hendricks State Ind.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-89  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Justin Robert Tempke,  
Jason Allen Tempke, Adam Keith  
Tempke.
- (a) Full name of applicant's father Robert Hughes Tempke  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Kentucky  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Betty Jean Abbotts  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Kentucky

**FEMALE APPLICANT**

Name First Sherri Middle Lynn Last Risley  
Date of Birth Month 6 Day 4 Year 65  
Place of Birth (State or foreign country) Nebraska  
Residence Address Street or R.R. Same City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —
- (a) Full name of applicant's father Erin Albert Risley  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Nebraska  
Birthplace of father (State or foreign country) Nebraska  
(b) Full maiden name of applicant's mother Glenda Sharon Anderson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Nebraska  
Birthplace of mother (State or foreign country) Nebraska

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Robert Tempke Date 9/11/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Signed Robert Tempke in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 11th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Steve Lynn Risley Date 9/11/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Signed Steve Lynn Risley in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 11th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-11-91, authorizing the marriage of Robert W. Tempke and Sherri L. Risley. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-11-91 (date), at Danville in Hendricks County, Indiana, Robert W. Tempke of Hendricks County Indiana (state), and Sherri L. Risley of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-11-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-11-91 (date).

Signed Connie Dawson Clerk  
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

No. 499

HENDRICKS County

File \_\_\_\_\_

9-12-91  
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 8-14-91  
Name of Physician Dr. Randall W. State, M.D.  
Dr. Glenn Salsen, M.D.

MALE APPLICANT	
Name	First <u>Robert</u> Middle <u>LeAllen</u> Last <u>Mathis</u>
Date of Birth	Month <u>3</u> Day <u>3</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>IL</u>
Residence Address	Street or R.R. <u>R.R. 1 Box 330</u> City <u>Pittsboro</u> County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. file</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Robert Perry Mathis</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Marion, IN</u> Birthplace of father (State or foreign country) <u>IL</u></p> <p>(b) Full maiden name of applicant's mother <u>Sheryl Ann Harper</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>same</u> Birthplace of mother (State or foreign country) <u>IL</u></p>	

FEMALE APPLICANT	
Name	First <u>Ann</u> Middle <u>Marie</u> Last <u>Meyer</u>
Date of Birth	Month <u>2</u> Day <u>14</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>R.R. 1 Box 330</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Robert Lewis Meyer</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Margaret Rose Haysara</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Robert Mathis 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Robert Mathis in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12 day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Ann M. Meyer 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Ann M. Meyer in this application is true and correct.  
New Address same  
Subscribed and sworn to before me this 12th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-12-91, 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 (name), certify that on 9-14-91 (date), at Rushville in Rush County, Indiana, Robert L. Mathis of Hendricks County Indiana (state), and Ann M. Meyer of Rush 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 9-14-91. Signed by: /s/ Rev. William D. Cleary Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-18-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 500

File \_\_\_\_\_

9-12-91  
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 Dr. Trammel

MALE APPLICANT				
Name	First	Middle	Last	
	<u>Tyrone</u>	<u>Dean</u>	<u>Hawk</u>	
Date of Birth	Month	Day	Year	
	<u>8</u>	<u>8</u>	<u>70</u>	
Place of Birth (State or foreign country)				
<u>IN</u>				
Residence Address	Street or R.R.	City	County	State
<u>101 Pot O' Luck Dr. A. Jopph</u>				
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. A.C.</u>				
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>				
<p>6. (a) Full name of applicant's father <u>Marshall Dean Hawk</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Paid IN</u> Birthplace of father (State or foreign country) <u>IN</u></p> <p>(b) Full maiden name of applicant's mother <u>Lydia Ann Jaker</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Paid IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>				

FEMALE APPLICANT				
Name	First	Middle	Last	
	<u>Janna</u>	<u>Kathleen</u>	<u>Johnson</u>	
Date of Birth	Month	Day	Year	
	<u>4</u>	<u>28</u>	<u>71</u>	
Place of Birth (State or foreign country)				
<u>MO</u>				
Residence Address	Street or R.R.	City	County	State
<u>514 Weymouth St. Pigg</u>				
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____				
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>				
<p>6. (a) Full name of applicant's father <u>Robert Lee Johnson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Paid IN</u> Birthplace of father (State or foreign country) <u>MO</u></p> <p>(b) Full maiden name of applicant's mother <u>Shirley Joanne Ashkan</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Paid IN</u> Birthplace of mother (State or foreign country) <u>MO</u></p>				

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Tyrone Dean Hawk</u>	Date <u>9/12/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed <u>Tyrone Dean Hawk</u>	
New Address <u>Same as above</u>	
Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>Janna Kathleen Johnson</u>	Date <u>9-12-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed <u>Janna Kathleen Johnson</u>	
New Address _____	
Subscribed and sworn to before me this <u>12</u> day of <u>9</u> , 19 <u>91</u>	
<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
Clerk _____	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____	
Clerk _____	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-12-91, authorizing the marriage of Tyrone D. Hawk and Janna K. Johnson. I further certify that the following marriage certificate was filed in my office: I, Carl Akard Riley (name), certify that on 9-21-91 (date), at Plaintfield in Hendricks County, Indiana, Tyrone D. Hawk of Marion County Indiana (state), and Janna K. Johnson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-21-91. Signed by: /s/ Carl Akard Riley Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-26-91 (date).

Signed Connie Lawson Clerk  
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

No. 501

File

9-12-91  
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 Stephen Hays, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First, Middle, Last <u>Imtiyaz Ahmed I. Dalal</u>	Name	First, Middle, Last <u>Rubina G. Kapadia</u>
Date of Birth	Month, Day, Year <u>8 5 67</u>	Date of Birth	Month, Day, Year <u>8 12 72</u>
Place of Birth (State or foreign country)	<u>India</u>	Place of Birth (State or foreign country)	<u>India</u>
Residence Address	Street or R.R., City, County, State <u>Same</u>	Residence Address	Street or R.R., City, County, State <u>11030 W. Washington St. Indpls.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Pass Port</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>Ibrahim Mahmed Dalal</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>India</u> Birthplace of father (State or foreign country) <u>India</u></p> <p>(b) Full maiden name of applicant's mother: <u>Rahematben</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>India</u> Birthplace of mother (State or foreign country) <u>India</u></p>		<p>6. (a) Full name of applicant's father: <u>Gulam Ali Kapadia</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls IN</u> Birthplace of father (State or foreign country) <u>India</u></p> <p>(b) Full maiden name of applicant's mother: <u>S Sharifa</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls IN</u> Birthplace of mother (State or foreign country) <u>India</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Imtiyaz Dalal</u> Date <u>9/16/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: <u>Imtiyaz Dalal</u> in this application is true and correct. Signed _____ New Address <u>11030 W. Washington St. Indianapolis</u> Subscribed and sworn to before me this <u>12th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Rubina Kapadia</u> Date <u>9/12/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: <u>Rubina Kapadia</u> in this application is true and correct. Signed _____ New Address _____ Subscribed and sworn to before me this <u>12th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____, Clerk</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____, Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-16-91, authorizing the marriage of Imtiyazahmed I. Dalal and Rubina G. Kapadia. I further certify that the following marriage certificate was filed in my office: I, Omar Al-Khattab (name), certify that on 9-20-91 (date), at Indianapolis in Hendricks County, Indiana, Imtiyazahmed I. Dalal of Hendricks County Indiana (state), and Rubina G. Kapadia of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-17-91. Signed by: /s/ Omar Al-Khattab, Imam (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 9-20-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 502

File

9-12-91  
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 Dr. J. Berlin, M.D.

MALE APPLICANT			
Name	First	Middle	Last
	Sean	Steven	Condon
Date of Birth	Month	Day	Year
	8	18	66
Place of Birth (State or foreign country)	Indiana		
Residence Address	Street or R.R.	City	County State
	410 E. Columbia	Danville	Hendricks, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Kyla Ann Condon</u></p> <p>6. (a) Full name of applicant's father <u>John R. Condon</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Rose Ellen Lowe</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>			

FEMALE APPLICANT			
Name	First	Middle	Last
	Angela	Ann	Burnett
Date of Birth	Month	Day	Year
	12	19	70
Place of Birth (State or foreign country)	Indiana		
Residence Address	Street or R.R.	City	County State
	3401 S. 350W	Danville	Hendricks, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Kyla Ann Condon</u></p> <p>6. (a) Full name of applicant's father <u>Richard E. Burnett</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Patricia A. Finchem</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>			

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Sean Condon 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Sean Condon in this application is true and correct.  
New Address P.O. Box 400, Danville, In.  
Subscribed and sworn to before me this 12th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Angela A. Burnett 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Angela A. Burnett in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 12th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-12-91, authorizing the marriage of Sean S. Condon and Angela A. Burnett. I further certify that the following marriage certificate was filed in my office: I, Buddy Fehrman (name), certify that on 9-15-91 (date), at Clayton in Hendricks County, Indiana, Sean S. Condon of Hendricks County Indiana (state), and Angela A. Burnett of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-12-91. Signed by: /s/ Buddy Fehrman Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-30-91 (date).

Signed Connie Lawson Clerk  
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

No. 503  
File \_\_\_\_\_  
Date of Application 9-13-91

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 Michael Huey

MALE APPLICANT	
Name	First <u>William</u> Middle <u>F.</u> Last <u>Linnabary</u>
Date of Birth	Month <u>4</u> Day <u>30</u> Year <u>62</u>
Place of Birth (State or foreign country)	<u>IL</u>
Residence Address	Street or R.R. _____ City <u>Same</u> County _____ State _____
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>10-29-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Eric William Linnabary</u></p> <p>6. (a) Full name of applicant's father: <u>Francis Linnabary</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Melrose Wis.</u> Birthplace of father (State or foreign country) <u>IL</u></p> <p>(b) Full maiden name of applicant's mother: <u>Judy Ann Dugan</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indpls. Ind.</u> Birthplace of mother (State or foreign country) <u>Mich.</u></p>	

FEMALE APPLICANT	
Name	First <u>Heather</u> Middle <u>P.</u> Last <u>Steele</u>
Date of Birth	Month <u>7</u> Day <u>19</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>IN</u>
Residence Address	Street or R.R. _____ City <u>532 N. 571 E.</u> County _____ State <u>Danville</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>12-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Dr. Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Kara A. Merrill</u></p> <p>6. (a) Full name of applicant's father: <u>David Lee Steele</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indpls. Ind.</u> Birthplace of father (State or foreign country) <u>Ind</u></p> <p>(b) Full maiden name of applicant's mother: <u>Jinda Kay Anglick</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Ponchaux IL</u> Birthplace of mother (State or foreign country) <u>Indpls IN</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>William F. Linnabary</u> Date <u>9-13-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	County of <u>HENDRICKS</u> ss: _____
Signed	<u>William F. Linnabary</u>
New Address	_____
Subscribed and sworn to before me this	<u>13</u> day of <u>Sept.</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Heather P. Steele</u> Date <u>9-13-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana	County of <u>HENDRICKS</u> ss: _____
Signed	<u>Heather P. Steele</u>
New Address	_____
Subscribed and sworn to before me this	<u>13</u> day of <u>Sept.</u> , 19 <u>91</u>
Clerk of the	<u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana	County of <u>HENDRICKS</u> ss: _____
Father	_____ ID # _____
Mother	_____ ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk	_____

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana	County of <u>HENDRICKS</u> ss: _____
Father	_____ ID # _____
Mother	_____ ID # _____
Subscribed and sworn to before me this	_____ day of _____, 19 _____
Clerk	_____

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license issued by the \_\_\_\_\_ County \_\_\_\_\_ Court \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs \_\_\_\_\_

## RETURN OF MARRIAGE LICENSE AND

I certify that there was filed in my office a marriage license issued by the Clerk of the \_\_\_\_\_ dated 9-13-91, authorizing the marriage of William F. Linnabary and Heather P. Steele of Hendricks County, Indiana, at Danville (date), at Danville (place), under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana. Signed by: /s/ Scott C. Tarter Filed and recorded in accordance with the laws of the State of Indiana.



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. 503

File

9-13-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Michael Holey

MALE APPLICANT				
Name	First	Middle	Last	
	William	F.	Linnabary	
Date of Birth	Month	Day	Year	
	4	30	62	
Place of Birth (State or foreign country)				
IL				
Residence Address	Street or R.R.	City	County	State
Same ->				
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages 1				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 10-29-90				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic.				

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Eric William Linnabary
- (a) Full name of applicant's father Francis Linnabary  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Milwaukee Wis.  
Birthplace of father (State or foreign country) IL  
(b) Full maiden name of applicant's mother John Ann Dugan  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indpls. Ind.  
Birthplace of mother (State or foreign country) Mich

FEMALE APPLICANT				
Name	First	Middle	Last	
	Heather	P.	Steele	
Date of Birth	Month	Day	Year	
	7	19	68	
Place of Birth (State or foreign country)				
IN				
Residence Address	Street or R.R.	City	County	State
532 N. 571 E. Danville				
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages 1				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 12-90				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Lic.				

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Kara A. Merrill
- (a) Full name of applicant's father David Lee Steele  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indpls. Ind.  
Birthplace of father (State or foreign country) Ind  
(b) Full maiden name of applicant's mother Jinda Kay Degrick  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Pocahontas Ind  
Birthplace of mother (State or foreign country) Indpls IN

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding sexually transmitted diseases and a list of the test sites immune deficiency syndrome).  
Signature of Applicant William F. Linnabary

The above applicant has objected to verifying by oath acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ss:  
Signed William F. Linnabary  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 13 day  
Donna Spawson Clerk of the

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent to the state facts which make the consent of the other parent unnecessary.

State of Indiana )  
County of HENDRICKS ss:  
Father \_\_\_\_\_  
Mother \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED**  
and filed in \_\_\_\_\_ County

I certify that there was filed in my office a dated 9-13-91 and Heather P. Steele I, Scott E. Tarter (date), at Danville William F. Linnabary Heather P. Steele of \_\_\_\_\_ under a marriage license that was issued by \_\_\_\_\_ Signed by: /s/ Scott C. Tarter Filed and recorded in accordance with the \_\_\_\_\_

PRINTED BY AUTHORITY OF THE STATE OF ILLINOIS

VH700 (1989)

IN ACCORDANCE WITH CHAPTER 40, SECTION 413, PARAGRAPH b, THE CIRCUIT CLERK SHALL GIVE NOTICE OF THE ENTRY OF A JUDGMENT OF DISSOLUTION OF MARRIAGE, LEGAL SEPARATION, OR DECLARATION OF INVALIDITY OF MARRIAGE TO THE COUNTY CLERK WHERE THE MARRIAGE IS REGISTERED. WHO SHALL MAKE AN ENTRY IN THE MARRIAGE REGISTRY. IF THE MARRIAGE IS REGISTERED IN A STATE OTHER THAN ILLINOIS, THE CIRCUIT CLERK SHALL GIVE NOTICE TO THE APPROPRIATE OFFICIAL WITH A REQUEST THAT HE MAKE AN ENTRY IN THE APPROPRIATE RECORD.

16. Date of Rescinding Decree (Month, Day, Year)  
January 8, 1996

17. Signature of Court Clerk  
C. Earl Bone by M. Blankenship

HUSBAND		WIFE	
Name at County Bond		Name at County Bond	
Count the Number 96-0-1		Count the Number 96-0-1	
1. Husband - Name		1. Wife - Name	
William F. Linnabary		Heather P. Steele	
2a. Residence - City, town, township, or Rural District Number		2a. Residence - City, town, township, or Rural District Number	
Smithboro		Smithboro	
2b. County		2b. County	
Bond		Bond	
2c. State		2c. State	
IL		IL	
3. State of Birth (If Not in U.S. Name County)		3. State of Birth (If Not in U.S. Name County)	
IL		IN	
4a. Date of Birth (Mo. Day Year)		4a. Date of Birth (Mo. Day Year)	
4-30-62		7-19-68	
4b. Age Now		4b. Age Now	
33		27	
5a. Maiden Name		5a. Maiden Name	
Linnabary		Steele	
6a. Date of This Marriage (Mo. Day Year)		6a. Date of This Marriage (Mo. Day Year)	
10-5-91		10-5-91	
6b. Place of This Marriage - City		6b. Place of This Marriage - City	
AVON		AVON	
7. Date Couple Last Resided in Same Household (Month, Day, Year)		7. Date Couple Last Resided in Same Household (Month, Day, Year)	
12-29-95		12-29-95	
8. Number of Children Born Since of This Marriage		8. Number of Children Born Since of This Marriage	
0		0	
9. Type of Decree (Specify: Dissolution, Invalidity, or Legal Separation)		9. Type of Decree (Specify: Dissolution, Invalidity, or Legal Separation)	
Dissolution		Dissolution	
10. Number of Children Under 18 Whose Physical Custody Was Awarded To		10. Number of Children Under 18 Whose Physical Custody Was Awarded To	
Husband		Wife	
Joint (Husband/Wife)		Joint (Husband/Wife)	
Other		Other	
11. Legal Grounds for Decree		11. Legal Grounds for Decree	
Mental cruelty		Mental cruelty	
12. Legal Representative - Name and Address (Street or R.F.D. City or town, State, Zip)		12. Legal Representative - Name and Address (Street or R.F.D. City or town, State, Zip)	
MEYER & MEYER, 315 W. College		MEYER & MEYER, 315 W. College	
Greenville, IL 62246		Greenville, IL 62246	

TYPE  
OR PRINT  
PERMANENT  
INK

## CERTIFICATE OF DISSOLUTION INVALIDITY OF MARRIAGE OR LEGAL SEPARATION

STATE OF ILLINOIS

State File Number

COUNTY CLERK'S COPY  
COUNTY OF MARRIAGE



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 504

File

9-13-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician L. Bruffa, M.D.

MALE APPLICANT	
Name	First <u>James</u> Middle <u>Lee</u> Last <u>Crumley II</u>
Date of Birth	Month <u>2</u> Day <u>19</u> Year <u>1968</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>6979 Point Meadows, Fort Wayne, Allen</u> City <u>Allen</u> County <u>Indiana</u> State <u>46804</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>James L. Crumley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Suzanne Delton</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Susan</u> Middle <u>Jane</u> Last <u>McFarling</u>
Date of Birth	Month <u>10</u> Day <u>17</u> Year <u>1964</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1135 Red Oak St. Danville</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Robert E. McFarling, Jr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Illinois</u> (b) Full maiden name of applicant's mother <u>Jacqueline K. Blackwell</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James L. Crumley II Date 9-13-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Susan Jane McFarling Date 9-13-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed James L. Crumley II  
New Address Same as above

Subscribed and sworn to before me this 13 day of September, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Susan Jane McFarling  
New Address 6979 Point Meadows, Fort Wayne, Ind 46804

Subscribed and sworn to before me this 13 day of September, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS \_\_\_\_\_ County, Indiana, dated 9-13-91, authorizing the marriage of James Lee Crumley II and Susan Jane McFarling. I further certify that the following marriage certificate was filed in my office: \_\_\_\_\_ (name), certify that on 9-28-91 \_\_\_\_\_ in Marion County, Indiana, \_\_\_\_\_ (date), at Speedway \_\_\_\_\_ in \_\_\_\_\_ County, Indiana, \_\_\_\_\_ (state), and \_\_\_\_\_ James Lee Crumley II of Allen 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 9-28-91. Signed by: /s/ Andrew P. Crowley Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-7-91 (date).

Signed Connie Lawson Clerk  
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

No. 505

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 \_\_\_\_\_  
Name of Physician Dr. Glen Baker, MD

MALE APPLICANT	
Name	First <u>Michael</u> Middle <u>Gene</u> Last <u>Myers</u>
Date of Birth	Month <u>3</u> Day <u>24</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Box 150A</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Arnold Eugene Myers</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Betha Louise Davis</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Leslie</u> Middle <u>Ann</u> Last <u>Taetsch</u>
Date of Birth	Month <u>3</u> Day <u>18</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. _____ City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Robert Raymond Taetsch</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Michigan</u></p> <p>(b) Full maiden name of applicant's mother <u>Carolyn Ann Rose</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Michael G. Myers</u> Date <u>9/17/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) I swear/affirm that the information given County of <u>HENDRICKS</u> ) ss: _____ in this application is true and correct.	
Signed	<u>Michael G. Myers</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>17th</u> day of <u>Sept.</u> , 19 <u>91</u>
Clerk of the	<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Leslie A. Taetsch</u> Date <u>9-17-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) I swear/affirm that the information given County of <u>HENDRICKS</u> ) ss: _____ in this application is true and correct.	
Signed	<u>Leslie A. Taetsch</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this	<u>17th</u> day of <u>Sept.</u> , 19 <u>91</u>
Clerk of the	<u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-17-91, authorizing the marriage of Michael G. Myers and Leslie A. Taetsch. I further certify that the following marriage certificate was filed in my office: Raymond H. Duff (name), certify that on 9-21-91 (date), at Maplewood in Hendricks County, Indiana, Michael G. Myers of Hendricks County Indiana (state), and Leslie A. Taetsch 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 10-17-91. Signed by: /s/ Raymond H. Duff, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-9-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



## HENDRICKS

File \_\_\_\_\_

9-16-91  
Date of Application

Female Applicant 50      No ☒      Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Harris, M.D.

**FEMALE APPLICANT**

Name Sandra First Kay Middle Cunningham Last

Date of Birth 8 Month 15 Day 65 Year

Place of Birth (State or foreign country) Indiana

Residence Address 2002 High Eagle Jr. #1005, Speedway, Marion, IN Street or R.R. IN City Speedway County Marion State

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐

If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

Are you now under the influence of a narcotic drug? No ☒ Yes ☐

List the full names of any dependent children. \_\_\_\_\_

---

(a) Full name of applicant's father Lawrence Elmer Cunningham  
(If adopted, list adoptive parents only)

Residence of father (if deceased, so state) Indiana

Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Jean Elizabeth Dem...  
(If adopted, list adoptive parents only)

Residence of mother (if deceased, so state) Indiana

Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant *Sandra K. Cunningham* Date *9-16-0*

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 \_\_\_\_\_

State of Indiana ) I swear/affirm that the information given  
County of HENDRICKS ) SS: \_\_\_\_\_ in this application is true and correct  
Signed Stanley Cunningham  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 16 day of Sept., 19 91  
Carnie 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, the parent must state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) SS: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Signed Connie Lawson Clerk  
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

No. 507

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 Dr. Darrett Harris, M.D.

MALE APPLICANT

Name First Middle Last  
Shane William Fields  
Date of Birth Month Day Year  
5 18 70  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
3810 State Rd. 39, Mooresville, Morgan, In  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father William Arman Fields  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sally Jeanne Hoynell  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Colorado

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Shane W. Fields 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.  
Clerk of Court S Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Shane W. Fields  
New Address  
Subscribed and sworn to before me this 17th day of Sept. 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of 19  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Heather Marie Medcalf  
Date of Birth Month Day Year  
11 27 72  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
3658 Avon Rd. Plainfield, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Gregory D. Medcalf  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Paul A. Wilson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Heather M. Medcalf Date Sept-17-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Heather M. Medcalf  
New Address  
Subscribed and sworn to before me this 17th day of Sept. 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-17-91, authorizing the marriage of Shane W. Fields and Heather M. Medcalf. I further certify that the following marriage certificate was filed in my office: I, Perry Anderson (name), certify that on 9-28-91 in Hendricks County, Indiana, (state), and Heather M. Medcalf of Morgan County, Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-91. Signed by: /s/ Perry Anderson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-1-91 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 508

File

9-18-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. David Haggard, MD

MALE APPLICANT			
Name	First	Middle	Last
	Barry	Dean	Marcum
Date of Birth	Month	Day	Year
	9	5	63
Place of Birth (State or foreign country)	Indiana		
Residence Address	Street or R.R.	City	County State
	20792 Lamonty Rd.	Sheridan	Hamilton, IN
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Billy Charles Marcum</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Georgia Lee Mendell</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>			

FEMALE APPLICANT			
Name	First	Middle	Last
	Stephanie	Ann	Taylor
Date of Birth	Month	Day	Year
	10	22	61
Place of Birth (State or foreign country)	Indiana		
Residence Address	Street or R.R.	City	County State
	7050 E. 300 N.	Brownsburg	Hendricks, IN
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages		
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>		
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father: <u>Abble Earl Taylor</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u> (b) Full maiden name of applicant's mother: <u>Dorothy Jane Craig</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>			

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Barry D. Marcum 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Barry D. Marcum  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 18th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Stephanie A. Taylor 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Stephanie A. Taylor  
New Address Same  
Subscribed and sworn to before me this 18th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91, 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. (name), certify that on 9-28-91 (date), at Brownsburg-Bethesda Baptist Church in Hendricks County, Indiana, Barry D. Marcum of Hendricks County Indiana (state), and Stephanie A. Taylor of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-91. Signed by: /s/ Carl R. Prokop, Jr. Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-21-91 (date).

Signed Connie Lawson Clerk  
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

No. 509

File \_\_\_\_\_

9-18-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Michael J. Kelly

MALE APPLICANT	FEMALE APPLICANT
Name <u>Raymond Douglas Modglin</u>	Name <u>Angela May Scoda</u>
Date of Birth <u>11/14/71</u>	Date of Birth <u>12/27/70</u>
Place of Birth (State or foreign country) <u>IN</u>	Place of Birth (State or foreign country) <u>IN</u>
Residence Address <u>Same</u> Street or R.R. _____ City _____ County _____ State _____	Residence Address <u>115 N. LeRoy St. Danville</u> Street or R.R. _____ City _____ County _____ State _____
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>	1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children. _____	5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father <u>Edward M. Modglin Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>North Salem Ind.</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Ethel Foster</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>KY</u>	6. (a) Full name of applicant's father <u>Gregory Scoda</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Danville Ind.</u> Birthplace of father (State or foreign country) <u>Michigan</u> (b) Full maiden name of applicant's mother <u>Jonda Mae Smester</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Same</u> Birthplace of mother (State or foreign country) <u>Wisconsin</u>
<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Raymond Modglin</u> Date _____ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) in this application is true and correct. Signed <u>Raymond Modglin</u> New Address _____ Subscribed and sworn to before me this <u>18</u> day of <u>9</u> , 19 <u>91</u> <u>Connie Fawcett</u> Clerk of the <u>HENDRICKS</u> Circuit Court	<b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Angela Scoda</u> Date _____ The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____ State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) in this application is true and correct. Signed <u>Angela Scoda</u> New Address _____ Subscribed and sworn to before me this <u>18</u> day of <u>9</u> , 19 <u>91</u> <u>Connie Fawcett</u> Clerk of the <u>HENDRICKS</u> Circuit Court
<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____	<b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby 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 <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91, authorizing the marriage of Raymond D. Modglin and Angela M. Scoda. I further certify that the following marriage certificate was filed in my office: I, LeRoy Pickering (name), certify that on 9-22-91 (date), at Danville in Hendricks County, Indiana, Raymond Douglas Modglin of Hendricks County Indiana (state), and Angela May Scoda of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-22-91. Signed by: /s/ LeRoy Pickering Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-1-91 (date).

Signed Connie Fawcett Clerk  
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

No. 510

File 9-18-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Edwards

MALE APPLICANT	
Name	First <u>John</u> Middle <u>R</u> Last <u>Wilson</u>
Date of Birth	Month <u>6</u> Day <u>16</u> Year <u>57</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>RR 2 Box 112</u> City <u>Catesville</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-89</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Angelletha II, Sabrina ID Wilson</u></p> <p>6. (a) Full name of applicant's father <u>James Merrill Wilson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Ruby Cobb</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>IN</u> Birthplace of mother (State or foreign country) <u>Georgia</u></p>	

FEMALE APPLICANT	
Name	First <u>Tina</u> Middle <u>L</u> Last <u>Wood</u>
Date of Birth	Month <u>4</u> Day <u>15</u> Year <u>58</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>321 E. Michigan</u> City <u>Indpls</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Lorren Dwight Wood</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>IN</u> Birthplace of father (State or foreign country) <u>IN</u> (b) Full maiden name of applicant's mother <u>Karen Kay Brattain</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>IN</u> Birthplace of mother (State or foreign country) <u>IN</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant John R. Wilson Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed John R. Wilson in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 16th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Tina L. Wood Date \_\_\_\_\_

The above applicant has objected to verifying by 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 Tina L. Wood in this application is true and correct.  
New Address RR 2 Box 112 Catesville In 46121  
Subscribed and sworn to before me this 16th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-18-91, authorizing the marriage of John R. Wilson and Tina L. Wood. I further certify that the following marriage certificate was filed in my office: 10-5-91  
I, Wilbert A. Cunningham (name), certify that on Marion County, Indiana, (date), at Indianapolis in Indiana County, Indiana, (state), and 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 Chaplain (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-8-91 (date).

Signed Connie Lawson Clerk  
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

No. 511  
File \_\_\_\_\_  
Date of Application 9-19-91

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. Ray Howell, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Dean</u> Middle <u>Edward</u> Last <u>Handlon</u>	Name	First <u>Penny</u> Middle <u>Sue</u> Last <u>Huffman</u>
Date of Birth	Month <u>7</u> Day <u>18</u> Year <u>68</u>	Date of Birth	Month <u>11</u> Day <u>22</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>	Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1078 St. RD. 267</u> City <u>Moreauville</u> County <u>Hendricks</u> State <u>Ind.</u>	Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____	Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>Chester Edward Handlon</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Patricia Carmel Power</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Ireland</u></p>		<p>6. (a) Full name of applicant's father <u>Marion Arthur Huffman</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Mary Jean Cole</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Dean Handlon</u> Date <u>9-19-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct.</p> <p>Signed <u>X Dean Handlon</u> New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>19th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p>ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Penny S. Huffman</u> Date <u>9-19-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ I swear/affirm that the information given County of <u>HENDRICKS</u> in this application is true and correct.</p> <p>Signed <u>X Penny S. Huffman</u> New Address _____</p> <p>Subscribed and sworn to before me this <u>19th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u></p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u></p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-19-91, authorizing the marriage of Dean Edward Handlon and Penny Sue Huffman. I further certify that the following marriage certificate was filed in my office: I, John W. McFarland (name), certify that on 9-21-91 (date), at Bainbridge in Putnam County, Indiana, Dean Edward Handlon of Hendricks County Indiana (state), and Penny Sue Huffman of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-21-91. 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 Lawson Clerk  
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

No. 512

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 Dr. M. Rebecca Weak, MD

MALE APPLICANT	FEMALE APPLICANT
<p>Name: First <u>Michael</u> Middle <u>Ray</u> Last <u>Wallace</u></p> <p>Date of Birth: Month <u>9</u> Day <u>22</u> Year <u>68</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: Street or R.R. <u>401 W. Clinton</u> City <u>Stilesville</u> County <u>Hendricks</u> State <u>Ind.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-91</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>	<p>Name: First <u>Ronda</u> Middle <u>Jo</u> Last <u>Kendall</u></p> <p>Date of Birth: Month <u>1</u> Day <u>31</u> Year <u>69</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: Street or R.R. <u>Same</u> City _____ County _____ State _____</p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-91</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Amber Nichole Wallace</u></p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Angieleta Renee Kendall</u></p>
<p>6. (a) Full name of applicant's father: <u>Rufus Allen Wallace</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother: <u>Penny Elsie Morris</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>6. (a) Full name of applicant's father: <u>Harry Clifford Patrick</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Virginia</u></p> <p>(b) Full maiden name of applicant's mother: <u>Joan Evelyn Carlsray</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Michael Wallace</u> Date <u>9/19/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Ronda Kendall</u> Date <u>9-19-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date <u>9-19-91</u></p>
<p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>Michael Wallace</u> New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>19th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) in this application is true and correct.</p> <p>Signed <u>Ronda Kendall</u> New Address _____</p> <p>Subscribed and sworn to before me this <u>19th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-19-91, authorizing the marriage of Michael Ray Wallace and Ronda Jo Kendall. I further certify that the following marriage certificate was filed in my office: I, V. Ray Dixon (name), certify that on 9-21-91 (date), at Stilesville in Hendricks County, Indiana, Michael 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 9-21-91. Signed by: /s/ V. Ray Dixon Reverend (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-24-91 (date).

Signed Connie Lawson Clerk  
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

No. 513

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 9-19-91  
Name of Physician Dr. Eric Clark, M.D.

MALE APPLICANT	
Name	First <u>Victor</u> Middle <u>Allen</u> Last <u>Harper</u>
Date of Birth	Month <u>11</u> Day <u>10</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>2418 Apt. D, Brentwood St.</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Ronald Ray Harper, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Judith Ellen Parson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Michigan</u></p>	

FEMALE APPLICANT	
Name	First <u>Christie</u> Middle <u>Lee</u> Last <u>Russell</u>
Date of Birth	Month <u>11</u> Day <u>14</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 173</u> City <u>Bittsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>David Keith Russell</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Honey Sue Ferguson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Victor Harper 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Victor Harper  
New Address Same  
Subscribed and sworn to before me this 19th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Christie L. Russell 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Christie L. Russell  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I 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 Victor A. Harper and Christie L. Russell. I further certify that the following marriage certificate was filed in my office: I, Rev. Victor W. Parsons (name), certify that on 9-28-91 (date), at Boswell in Benton County, Indiana, Victor A. Harper of Marion County, Indiana, (state), and Christie L. Russell of Hendricks County, Indiana, (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-91. Signed by: /s/ Rev. Victor W. Parson Elder (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-4-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 514

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 9-12-91  
Name of Physician Planned Parenthood of Central Indiana

MALE APPLICANT	
Name	First <u>Thomas</u> Middle <u>Allen</u> Last <u>Watts</u>
Date of Birth	Month <u>8</u> Day <u>24</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address, Street or R.R., City, County, State	<u>32 Express Ave. Brownsburg, Hendricks, In.</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Nicholas Allen Watts</u> 6. (a) Full name of applicant's father. <u>Ronald Earl Watts</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother. <u>Brendy Jane Eggers</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

FEMALE APPLICANT	
Name	First <u>Victoria</u> Middle <u>Marie</u> Last <u>Reid</u>
Date of Birth	Month <u>8</u> Day <u>9</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address, Street or R.R., City, County, State	<u>Same</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. <u>Nicholas Allen Watt, Christopher Dwayne Reid</u> 6. (a) Full name of applicant's father. <u>James B. Paul Reid</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother. <u>Beggy Jean Dray</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Thomas C. Watts 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 \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Thomas C. Watts  
New Address Same  
Subscribed and sworn to before me this 19th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Victoria M. Reid 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 \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Victoria M. Reid  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 19th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91, authorizing the marriage of Thomas Allen Watts and Victoria Marie Reid. I further certify that the following marriage certificate was filed in my office: I, William J. Brown (name), certify that on 9-21-91 (date), at Pittsboro in Hendricks County, Indiana, Thomas Watts of Hendricks County Indiana (state), and Victoria Reid of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-19-91. Signed by: /s/ William J. Brown Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 9-26-91 (date).

Signed Connie Lawson Clerk  
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

No. 515  
File 9-19-91  
Date of Application

HENDRICKS County

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Black

**MALE APPLICANT**

Name James Howard Harmon, Jr.  
Date of Birth 4 11 1961  
Place of Birth (State or foreign country) Indiana  
Residence Address P.O. Box 164, Stilwell, Hendricks, Indiana  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1984  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None

- (a) Full name of applicant's father James Harmon Sr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Virginia  
(b) Full maiden name of applicant's mother Melba J. Brewer  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) West Virginia

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Howard Harmon, Jr. 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.

Signed James Howard Harmon, Jr.  
New Address 1056 Avenue B, Greencastle, Putnam 46135

Subscribed and sworn to before me this 19 day of September, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Jane Anne Naylor  
Date of Birth 7 22 1951  
Place of Birth (State or foreign country) Indiana  
Residence Address 1056 Avenue B, Greencastle, Putnam, Indiana  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 5  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1991  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Kristophy Sanders & Hope Naylor &

- (a) Full name of applicant's father Roland Naylor  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Michigan  
(b) Full maiden name of applicant's mother Audrey Salisbury  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) New York

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jane Anne Naylor 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 \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.

Signed Jane Anne Naylor  
New Address Same as Above

Subscribed and sworn to before me this 19 day of September, 1991  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I 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 James Howard Harmon, Jr. and Jane Anne Naylor. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-20-91 (date), at Danville in Hendricks County, Indiana, James Howard Harmon, Jr. of Hendricks County Indiana (state), and Jane Anne Naylor of Putnam County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 9-20-91 (date).

Signed Connie Lawson Clerk  
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

No. 516

File \_\_\_\_\_

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 ☐  
If No, Medical Examination or Report Dated 8-28-91  
Name of Physician Dr. Billie Jeanell, MD

MALE APPLICANT	
Name	First <u>Adam</u> Middle <u>Dwight</u> Last <u>Sherer</u>
Date of Birth	Month <u>9</u> Day <u>9</u> Year <u>73</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>R.R. 2 Box 16</u> City <u>Cottleville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Lawrence D. Sherer</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Miriam L. Kahl</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Jennifer</u> Middle <u>Annette</u> Last <u>Ferguson</u>
Date of Birth	Month <u>4</u> Day <u>29</u> Year <u>72</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>R.R. 2 Box 16</u> City <u>Cottleville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Alasha Buanne</u> <u>Mene</u></p> <p>6. (a) Full name of applicant's father <u>William Wayne Ferguson</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Unknown</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Phyllis Ann Cummings</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>X Adam Sherer</u> Date <u>9-20-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Adam Sherer</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>20th</u> day of <u>Sept.</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Jennifer A. Ferguson</u> Date <u>9-20-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Jennifer A. Ferguson</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>20th</u> day of <u>Sept.</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91, authorizing the marriage of Adam G. Sherer and Jennifer A. Ferguson. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-20-91 (date), at Danville in Hendricks County, Indiana, Adam G. Sherer of Hendricks County Indiana (state), and Jennifer A. Ferguson of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-20-91 (date).

Signed Connie Lawson Clerk  
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

No. 517

File 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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Trammel

MALE APPLICANT

Name Michael J. Ulmer  
Date of Birth 9 Month 6 Day 6 Year 66  
Place of Birth (State or foreign country) Indiana  
Residence Address 1880 950 E. Tonsville IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father John Wesley Ulmer  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Judith Ann Moore  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Michigan  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
X Signature of Applicant Michael J. Ulmer Date 9/20/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
I swear/affirm that the information given in this application is true and correct.  
X Signed Michael J. Ulmer  
New Address 8780 Bald Eagle Ct Indpls 46234  
Subscribed and sworn to before me this 20th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Susan E. Campbell  
Date of Birth 1 Month 18 Day 6 Year 66  
Place of Birth (State or foreign country) Indiana  
Residence Address 1711 Redbud Ct. Plainfield IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Eddie Lee Campbell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) California  
(b) Full maiden name of applicant's mother Carol Elaine Young  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
X Signature of Applicant Susan E. Campbell Date 9-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
I swear/affirm that the information given in this application is true and correct.  
X Signed Susan E. Campbell  
New Address 8780 Bald Eagle Ct Indpls, IN 46234  
Subscribed and sworn to before me this 20th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91, authorizing the marriage of Michael J. Ulmer and Susan E. Campbell. I further certify that the following marriage certificate was filed in my office: I, Stephen White (name), certify that on 10-12-91 (date), at Plainfield in Hendricks County, Indiana, Michael J. Ulmer of Boone County Indiana (state), and Susan E. Campbell of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-12-91. Signed by: /s/ Stephen White Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-29-91 (date).

Signed Connie Lawson Clerk  
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

No. 518

File 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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Robert Wells

**MALE APPLICANT**

Name David M. Sears  
Date of Birth Sept 17 1962  
Place of Birth (State or foreign country) Ind.  
Residence Address P.O. Box 22 Brownsburg, Ind.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 6-24-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lynne

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Harold Sears  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) None  
Birthplace of father (State or foreign country) Ind.  
(b) Full maiden name of applicant's mother Wescom King  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) None  
Birthplace of mother (State or foreign country) Ind.

**FEMALE APPLICANT**

Name K. Julie Soots  
Date of Birth May 9 1965  
Place of Birth (State or foreign country) Ohio  
Residence Address 217 N. Meridian Pittsboro  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-31-87  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Dr. Lynne

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Mary Jenkins  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Copelandville, Ind.  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Kristin Mat  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Pittsboro, Ind.  
Birthplace of mother (State or foreign country) Ohio

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 9/20/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant [Signature] Date 9/20/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS in this application is true and correct.  
Signed [Signature]  
New Address 217 N. Meridian Pittsboro, IN 46167  
Subscribed and sworn to before me this 20 day of Sept, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

State of Indiana \_\_\_\_\_ ss: \_\_\_\_\_  
County of HENDRICKS in this application is true and correct.  
Signed [Signature]  
New Address 217 N. Meridian Street P.O. Box 118  
Subscribed and sworn to before me this 20 day of Sept, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91, authorizing the marriage of David M. Sears and K. Julie Soots. I further certify that the following marriage certificate was filed in my office: I, Harold Sears (name), certify that on 9-28-91 (date), at Pittsboro in Hendricks County, Indiana, David M. Sears of Hendricks County Indiana (state), and K. Julie Soots of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-28-91. Signed by: /s/ Harold Spears Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-11-91 (date).

Signed Connie Dawson Clerk  
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

No. 519

File

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician James Myers, M.D.

MALE APPLICANT

Name Steven Leslie Buhrmester  
Date of Birth 7 25 1964  
Place of Birth (State or foreign country) Texas  
Residence Address 32 W. Walnut Way, Brownsburg, Hendricks, Indiana  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Leslie Walter Buhrmester  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Genevieve Grace Patterson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Mississippi

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Steven Leslie Buhrmester Date 9-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Steven Leslie Buhrmester  
Signed X in this application is true and correct.  
New Address Same as Above  
Subscribed and sworn to before me this 20 day of September, 19 91  
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

FEMALE APPLICANT

Name Donna Lee Petro  
Date of Birth 1 11 1954  
Place of Birth (State or foreign country) Indiana  
Residence Address 32 W. Walnut Way, Brownsburg, Hendricks, Indiana  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1987  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Divorce License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. Benjamin Petro 13  
Matthew Petro 10

6. (a) Full name of applicant's father Marion Franklin Kessler  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Lola Delphine Smith  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Donna Lee Petro Date 9-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: Donna Lee Petro  
Signed X in this application is true and correct.  
New Address Same as Above  
Subscribed and sworn to before me this 20 day of September, 19 91  
Cornie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91, authorizing the marriage of 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 (name), certify that on 10-12-91 (date), at Avon in Hendricks County, Indiana, Steven L. Buhrmester of Hendricks County Indiana (state), and Donna L. Petro 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 10-16-91. Signed by: /s/ Robert M. Hooten Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-16-91 (date).

Signed Cornie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 520

File

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 ☐  
If No, Medical Examination or Report Dated 8-29-91  
Name of Physician Richard S. Hassel, MD

MALE APPLICANT	
Name	First Scott Middle A Last Hampton
Date of Birth	Month 6 Day 12 Year 68
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. R.R. Box 439 Clayton IN City Clayton County Hendricks State IN
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Jack Stephen Hampton (If adopted, list adoptive parents only) Residence of father (if deceased, so state) IN Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother: Linda Sue Burton (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana</p>	

FEMALE APPLICANT	
Name	First Monica Middle S Last Augustin
Date of Birth	Month 10 Day 16 Year 65
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. 1301 S Clean Arm Rd Indpls IN City Indianapolis County Hendricks State IN
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Thomas L. Augustin (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother: Donna Kay Bradford (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana</p>	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
X Signature of Applicant Scott A. Hampton Date 9-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
X Signed Scott A. Hampton  
New Address 20th  
Subscribed and sworn to before me this 20th day of Sept, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
X Signature of Applicant Monica S. Augustin Date 9-20-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
X Signed Monica S. Augustin  
New Address 9.7 1301 S Clean Arm Rd Clayton In 46118  
Subscribed and sworn to before me this 20th day of Sept, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-20-91, authorizing the marriage of Scott Alan Hampton and Monica Sue Augustin. I further certify that the following marriage certificate was filed in my office: I, John H. Sichting (name), certify that on 10-12-91 (date), at Monovia in Morgan County, Indiana, (state), and Scott Alan Hampton of Hendricks County Indiana (state), and Monica Sue Augustin of Morgan County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-12-91. Signed by: /s/ John H. Sichting Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-17-91 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 521

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Norman H. Liebschultz, MD.

MALE APPLICANT	
Name	First <u>Dennis</u> Middle <u>Joseph</u> Last <u>Minniear</u>
Date of Birth	Month <u>11</u> Day <u>27</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>7811 Cottonwood Dr. Apt. D</u> City <u>Indpls</u> County <u>Marion</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>James Frank Minniear</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Ohio</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Arleen Ruth Koltas</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Ohio</u> Birthplace of mother (State or foreign country) <u>Ohio</u></p>	

FEMALE APPLICANT	
Name	First <u>Jodi</u> Middle <u>Lynn</u> Last <u>Wagley</u>
Date of Birth	Month <u>7</u> Day <u>13</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Michigan</u>
Residence Address	Street or R.R. <u>R.R. 1 Box 254-28</u> City <u>Pittsboro</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father: <u>David Jean Wagley</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Ramona Sue Lantis</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Dennis Minniear Date 9/23/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Dennis J. Minniear  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23rd day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jodi L. Wagley Date 9/23/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jodi L. Wagley  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 23rd day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-23-91, authorizing the marriage of Dennis J. Minniear and Jodi L. Wagley. I further certify that the following marriage certificate was filed in my office: I, Steven T. Reeves (name), certify that on 10-5-91 (date), at Brownsburg in Hendricks County, Indiana, Dennis J. Minniear of Marion County Indiana (state), and Jodi L. Wagley of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-23-91. Signed by: /s/ Steven T. Reeves Pastor (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 10-8-91 (date).

Signed Connie Lawson Clerk  
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

No. 522

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-31-91  
Name of Physician Randall W. Strute, MD

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Landon R. Young</u></p> <p>Date of Birth <u>11/6/70</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>9122 Key Lane, Clermont, Marion, In.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date</p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)</p>	<p>Name <u>Teresa Le Ann Burd</u></p> <p>Date of Birth <u>6/3/73</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>2265 Bronges Rd, Plainfield, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date</p> <p>Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)</p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p>
<p>6. (a) Full name of applicant's father <u>Raymond Alexander Young, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Barbara Anne Baker</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>6. (a) Full name of applicant's father <u>Arley Lee Burd</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Betty Lou Deven</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Landon R. Young</u> Date <u>9/23/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Landon R. Young</u> in this application is true and correct. New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>23rd</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p><b>ACKNOWLEDGMENT</b></p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Teresa Le Ann Burd</u> Date <u>9-23-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Teresa Le Ann Burd</u> in this application is true and correct. New Address _____</p> <p>Subscribed and sworn to before me this <u>23rd</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b></p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-23-91, authorizing the marriage of Landon R. Young and Teresa Le Ann Burd. I further certify that the following marriage certificate was filed in my office: Cynthia J. Spence (name), certify that on 9-23-91 (date), at Danville in Hendricks County, Indiana, Landon R. Young of Marion County Indiana (state), and Teresa Le Ann Burd of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-23-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-23-91 (date).

Signed Connie Lawson Clerk  
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

No. 523

File 9-24-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-27-91  
Name of Physician Morgan County Memorial Hosp.

MALE APPLICANT	
Name	<u>Charles Alfred Kidwell, Jr.</u>
Date of Birth	Month <u>8</u> Day <u>18</u> Year <u>40</u>
Place of Birth (State or foreign country)	<u>Vincennes, In.</u>
Residence Address	<u>617 W. Mill St Danville, In.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's Lic.</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Charles Alfred Kidwell, Jr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Arkansas</u></p> <p>(b) Full maiden name of applicant's mother <u>Genevieve Berne Tapley</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	<u>Jean Ann Ihme</u>
Date of Birth	Month <u>2</u> Day <u>4</u> Year <u>60</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	<u>P.O. Box 56, Monroeville, Morgan, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father <u>Kenneth John Ihme</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>North Dakota</u></p> <p>(b) Full maiden name of applicant's mother <u>Barbra Jean Hilander</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Charles A. Kidwell Jr.</u> Date <u>9/24/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Charles A. Kidwell Jr.</u>
New Address	<u>5444</u>
Subscribed and sworn to before me this	<u>24<sup>th</sup></u> day of <u>Sept</u> , 19 <u>91</u>
<u>Connie Lawson</u> Clerk of the	<u>HENDRICKS</u> Circuit Court

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Jean Ann Ihme</u> Date <u>10-2-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Jean Ann Ihme</u>
New Address	<u>2nd</u>
Subscribed and sworn to before me this	<u>2nd</u> day of <u>October</u> , 19 <u>91</u>
<u>Connie Lawson</u> Clerk of the	<u>HENDRICKS</u> Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID #
Mother	ID #
Subscribed and sworn to before me this	day of , 19
Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID #
Mother	ID #
Subscribed and sworn to before me this	day of , 19
Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-2-91, authorizing the marriage of 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 on 11-1-91 (date), at Plainfield in Hendricks County, Indiana, Charles Alfred Kidwell, Jr. of Hendricks County Indiana (state), and Jean Ann Ihme of Morgan County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-1-91. Signed by: /s/ Norman Stevenson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 11-12-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 524

File

9-24-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 10-12-88  
Name of Physician Dr. Clarence H. Thomas, M.D.

MALE APPLICANT	
Name	First <u>James</u> Middle <u>Frederick</u> Last <u>Painter</u>
Date of Birth	Month <u>8</u> Day <u>21</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>9190 Marivay Ct.</u> City <u>Indigo</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-1-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>—</u>
6. (a) Full name of applicant's father.	<u>Philip Karl Painter</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Ada Rosalie Williams</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Carrlyla</u> Middle <u>P.</u> Last <u>Hatley</u>
Date of Birth	Month <u>10</u> Day <u>13</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>350 Raceway</u> City <u>Indigo</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-2-90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Martin Lyle Hatley</u>
6. (a) Full name of applicant's father.	<u>Lyle Dale Parsons</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother.	<u>Betty Joan English</u>
(If adopted, list adoptive parents only)	<u>—</u>
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James F Painter Date 9/24/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_ I swear/affirm that the information given in this application is true and correct.

Signed James F Painter  
New Address Same

Subscribed and sworn to before me this 24th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Carrlyla P Hatley Date 9-24-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_ I swear/affirm that the information given in this application is true and correct.

Signed Carrlyla P Hatley  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 24th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-24-91, authorizing the marriage of James Frederick Painter and Carrlyla P. Hatley. I further certify that the following marriage certificate was filed in my office: I, Robert F. Gammon (name), certify that on 9-24-91 (date), at Lawrence in Marion County, Indiana, Robert F. Gammon of Marion County Indiana (state), and Carrlyla P. Hatley of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-24-91. Signed by: /s/ Robert F. Gammon Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-27-91 (date).

Signed Connie Lawson Clerk  
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

No. 525

File

9-25-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Eric Clark, MD

## MALE APPLICANT

Name Carl First Rayburn Middle Vaught Last  
Date of Birth 5 Month 12 Day 66 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address S.O. 4 Box 134 Street or R.R. Asheville, Brown, In. City Brown County Indiana State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Carl Fred Vaught  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Diana Dawn Fitch  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Oklahoma  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Carl R Vaught Date 9-25-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Carl R Vaught  
New Address 238 W. Jefferson, Brownsburg  
Subscribed and sworn to before me this 25th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Andrea First Jean Middle Carr Last  
Date of Birth 11 Month 3 Day 67 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 890 Ridgeway Dr. 205B Street or R.R. Ellettsville, Hendricks, In. City Hendricks County Indiana State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐ Date 8-90  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Bradley David Carr,  
Stephanie Nicole Carr

- (a) Full name of applicant's father Donald David Reeves  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Michigan  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Martha Louise Hermer  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Andrea J. Carr Date 9/25/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Andrea J. Carr  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 25th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-25-91, authorizing the marriage of Carl R. Vaught and Andrea J. Carr. I further certify that the following marriage certificate was filed in my office: I, Ted J. Cole (name), certify that on 10-12-91 (date), at 2:30 pm - Nashville in Brown County, Indiana, Carl R. Vaught of Brown County Indiana (state), and Andrea J. Carr of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-25-91. 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 Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 526

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-13-91  
Name of Physician Dr. Linda Martin

**MALE APPLICANT**

Name Todd First Michael Middle Frost Last  
Date of Birth June Month 12 Day 1971 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 6325 Eagle Road Street or R.R. Indpls City Hendricks County Ind State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father Toby Carl Frost  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Bonny Ann Conwell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Todd Michael Frost Date 9-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Todd Michael Frost  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91, authorizing the marriage of Todd Michael Frost and Kristine Ann Worth. I further certify that the following marriage certificate was filed in my office: I, H. Dean Warren (name), certify that on 10-19-91 (date), at Indianapolis in Marion County, Indiana, Todd Michael Frost of Hendricks County Indiana (state), and Kristine Ann Worth of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91. Signed by: /s/ H. Dean Warren Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-22-91 (date).

Signed Connie Lawson Clerk  
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

No. 527

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 5-26-87  
Name of Physician James E. Noland, M.D.

MALE APPLICANT	
Name	First <u>Larry</u> Middle <u>Joe</u> Last <u>Lichte</u>
Date of Birth	Month <u>8</u> Day <u>21</u> Year <u>61</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>257 Ann Ave.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>11-84</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p> <p>6. (a) Full name of applicant's father <u>Larry Leon Lichte</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Julie Scruggs</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Unknown</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Lee</u> Middle <u>Ann</u> Last <u>Parlett</u>
Date of Birth	Month <u>4</u> Day <u>22</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u></u> County <u></u> State <u></u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u></u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u></u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Matthew Steven Parlett</u></p> <p>6. (a) Full name of applicant's father <u>Herbert Leon Parlett</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Julia Ann Utterback</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Larry Joe Lichte Date 9/26/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Larry Joe Lichte  
New Address Same  
Subscribed and sworn to before me this 26th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Lee Ann Parlett Date 9/26/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Lee Ann Parlett  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91, authorizing the marriage of Larry Joe Lichte 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 in Hendricks County, Indiana, Larry Joe Lichte of Hendricks County Indiana (state), and Lee Ann Parlett 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 10-3-91.  
Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-3-91 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 528

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-10-91  
Name of Physician Glenn D. Barents, M.D. of Central Indiana

**MALE APPLICANT**

Name First Middle Last  
Jeffrey Allen Snyder

Date of Birth Month Day Year  
3 1 69

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
7611 W. Mooresville Rd, Canby, Marion, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. -

6. (a) Full name of applicant's father Charles Warren Snyder  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Betty Joyce Jordan  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Kentucky  
Birthplace of mother (State or foreign country) Kentucky

**FEMALE APPLICANT**

Name First Middle Last  
Aimee Jean Eubank

Date of Birth Month Day Year  
2 16 71

Place of Birth (State or foreign country) Indiana

Residence Address Street or R.R. City County State  
27 S. Wayne, Danville, Hendricks, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. -

6. (a) Full name of applicant's father Unknown  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) -  
Birthplace of father (State or foreign country) -  
(b) Full maiden name of applicant's mother Cheryl Lee Eubank  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Jeffrey A. Snyder Date 9/26/91

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 \_\_\_\_\_

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Aimee J. Eubank Date 9/26/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Jeffrey A. Snyder

New Address \_\_\_\_\_

Subscribed and sworn to before me this 26th day of Sept., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Aimee J. Eubank

New Address \_\_\_\_\_

Subscribed and sworn to before me this 26th day of Sept., 19 91

Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91, authorizing the marriage of Jeffrey Allen Snyder and Aimee Jean Eubanks.

I further certify that the following marriage certificate was filed in my office: (name), certify that on 9-26-91 in Hendricks County, Indiana, (date), at Danville in Hendricks County, Indiana, (state), and Jeffrey Allen Snyder 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 9-26-91 Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-26-91 (date).

Signed Connie Lawson Clerk  
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

No. 529  
File \_\_\_\_\_  
Date of Application 9-26-91

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 9-23-91  
Name of Physician IUPUI Student Health Clinic

MALE APPLICANT	
Name	First <u>Howard</u> Middle <u>Lewis</u> Last <u>Ziegler, Jr.</u>
Date of Birth	Month <u>3</u> Day <u>3</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>Alaska</u>
Residence Address	Street or R.R. <u>51 N. Catherine</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>86</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Michelle Lynn Ziegler</u> <u>Susan Diane Ziegler</u></p> <p>6. (a) Full name of applicant's father <u>Howard Lewis Ziegler, Sr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mary Ann McComb</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Mary</u> Middle <u>Helen</u> Last <u>Kath</u>
Date of Birth	Month <u>5</u> Day <u>3</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>Minnesota</u>
Residence Address	Street or R.R. <u>610 Hamden Rd.</u> City <u>Brownburg</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>90</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Christopher Brian Kath</u> <u>Elizabeth Marie Kath</u> <u>Jonathan Henry Kath</u></p> <p>6. (a) Full name of applicant's father <u>Arne Ulvi</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Minnesota</u> (b) Full maiden name of applicant's mother <u>Helen Elaine Lingley</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Minnesota</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Howard Lewis Ziegler, Jr.</u> Date <u>9-26-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Howard Lewis Ziegler, Jr.</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>26th</u> day of <u>Sept.</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Mary Helen Kath</u> Date <u>9/26/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	_____ Date _____
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>Mary Helen Kath</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>26th</u> day of <u>Sept.</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91, authorizing the marriage of Howard L. Ziegler, Jr. and Mary H. Kath. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 9-26-91 (date), at Danville in Hendricks County, Indiana, Howard L. Ziegler, Jr. of Marion County Indiana (state), and Mary L. Kath of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation). Filed and recorded in accordance with the laws of the State of Indiana on 9-26-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 530

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-23-91  
Name of Physician Michael E. Hanger, MD

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Henry</u> Last <u>Holt</u>
Date of Birth	Month <u>11</u> Day <u>8</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1374 Holiday Dr. E.</u> City <u>Brownsville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>8-26-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Henry Washington Holt</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Barbara Marie Swegman</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Cynthia</u> Middle <u>Suzanne</u> Last <u>Tate</u>
Date of Birth	Month <u>2</u> Day <u>18</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>17 A. Adams</u> City <u>Brownsville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Jan Michael Tate</u> <u>Miranda Suzanne Tate</u></p> <p>6. (a) Full name of applicant's father <u>Jerry Lynn Blevins</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Carolyn Sue Smith</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant William H. Holt Date 9-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed William H. Holt  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Cynthia S. Tate Date 9-26-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Cynthia S. Tate  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 26th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-26-91, authorizing the marriage of William Henry Holt and Cynthia Suzanne Tate. I further certify that the following marriage certificate was filed in my office: Rev. Terry L. Foster (name), certify that on 10-10-91 (date), at Lizton in Hendricks County, Indiana, William Henry Holt of Hendricks County Indiana (state), and Cynthia Suzanne Tate 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 10-10-91. Signed by: /s/ Rev. Terry L. Foster (official designation) 10-16-91 (date).  
Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Judith E. Cook Clerk  
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

No. 531

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 ☐  
If No, Medical Examination or Report Dated 9-17-91  
Name of Physician Dr. Max Rynkiewicz, MD

**MALE APPLICANT**

Name Daniel First Bruce Middle Seitz Last  
Date of Birth 9 Month 18 Day 43 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 5101 Vantage Point Rd, Bedford, Hendricks, In. Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-88  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Spencer Michelle Seitz  
Shane Daniel Seitz
- (a) Full name of applicant's father Robert  
(If adopted, list adoptive parents only) Kenneth Raymond Seitz  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Lorraine Louise Leonard  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Illinois

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**FEMALE APPLICANT**

Name Cynthia First Dawn Middle Miller Last  
Date of Birth 9 Month 6 Day 54 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address Same Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-82  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Jamie Lynn  
Miller
- (a) Full name of applicant's father Robert Eugene Scott  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Spencer Marksbury  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 9/27/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of Daniel B. Seitz and Cynthia D. Miller. I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-12-91 (date), at Indianapolis in Marion County, Indiana, Daniel B. Seitz of Hendricks County Indiana (state), and Cynthia D. Miller 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 10-12-91. Signed by: /s/ David A. Travelstead, Judge Pro Tem (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-12-91 (date).

Signed Connie Lawson Clerk  
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

No. 532

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 ☐  
If No, Medical Examination or Report Dated 9-26-91  
Name of Physician Molly Baranowicz, MD

MALE APPLICANT	
Name	First <u>Leslie</u> Middle <u>Frank</u> Last <u>Benesh</u>
Date of Birth	Month <u>9</u> Day <u>23</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Minnesota</u>
Residence Address	Street or R.R. <u>35 Donnelly Dr.</u> City <u>Brownsburg</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>7-86</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p> <p>6. (a) Full name of applicant's father <u>Frankie John Benesh</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Minnesota</u> Birthplace of father (State or foreign country) <u>Minnesota</u> (b) Full maiden name of applicant's mother <u>Eileen Kay Friberg</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Minnesota</u> Birthplace of mother (State or foreign country) <u>Minnesota</u></p>	

FEMALE APPLICANT	
Name	First <u>Rebecca</u> Middle <u>Ann</u> Last <u>Eddingfield</u>
Date of Birth	Month <u>9</u> Day <u>11</u> Year <u>60</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u>—</u> County <u>—</u> State <u>—</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>6-87</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Wish Christopher Eddingfield</u></p> <p>6. (a) Full name of applicant's father <u>Kenneth Edward Stowers</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Scharlene Ray Miley</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Leslie Benesh 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Leslie Benesh  
New Address Same  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Rebecca Eddingfield 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Rebecca Eddingfield  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of Leslie F. Benesh and Rebecca A. Eddingfield. I further certify that the following marriage certificate was filed in my office: I, Myron Barnard (name), certify that on 10-12-91 (date), at Indianapolis in Marion County, Indiana, Leslie F. Benesh of Hendricks County Indiana (state), and Rebecca a. Eddingfield 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 10-12-91. Signed by: /s/ Myron Barnard Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-16-91 (date).

Signed Connie Lawson Clerk  
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

No. 533

HENDRICKS 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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. David Haggard, M.D.

MALE APPLICANT	
Name	First <u>Andrew</u> Middle <u>Joseph</u> Last <u>Lippard</u>
Date of Birth	Month <u>10</u> Day <u>5</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 235</u> City <u>Clayton</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Amber Michelle Lippard</u>
6. (a) Full name of applicant's father	<u>Marcus E. Lippard</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Kathy D. Bliefer</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Angela</u> Middle <u>Sue</u> Last <u>Ross</u>
Date of Birth	Month <u>11</u> Day <u>23</u> Year <u>71</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Amber Michelle Lippard</u>
6. (a) Full name of applicant's father	<u>Earl Lee Ross, Jr.</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Mildred Louise Monday</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Andrew J. Lippard</u> Date <u>9-27-91</u>

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana	)	ss:	I swear/affirm that the information given
County of <u>HENDRICKS</u>	)		in this application is true and correct.
Signed	<u>Andrew J. Lippard</u>		
New Address	<u>Same</u>		
Subscribed and sworn to before me this	<u>27th</u>	day of	<u>Sept.</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the	<u>HENDRICKS</u>	Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana	)	ss:	
County of <u>HENDRICKS</u>	)		
Father		ID #	
Mother		ID #	
Subscribed and sworn to before me this		day of	
			19 _____
			Clerk

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Angela S. Ross</u> Date <u>9-27-91</u>

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana	)	ss:	I swear/affirm that the information given
County of <u>HENDRICKS</u>	)		in this application is true and correct.
Signed	<u>Angela S. Ross</u>		
New Address	<u>Same</u>		
Subscribed and sworn to before me this	<u>27th</u>	day of	<u>Sept.</u> , 19 <u>91</u>
<u>Connie Lawson</u>	Clerk of the	<u>HENDRICKS</u>	Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana	)	ss:	
County of <u>HENDRICKS</u>	)		
Father		ID #	
Mother		ID #	
Subscribed and sworn to before me this		day of	
			19 _____
			Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ Court, by written order issued \_\_\_\_\_  
and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of <u>HENDRICKS</u> County, Indiana, dated <u>9-27-91</u> , authorizing the marriage of <u>Andrew J. Lippard</u> and <u>Angela S. Ross</u> .	
I, <u>Dwight S. Bradford</u> (name), certify that on <u>10-19-91</u> (date), at <u>Plainfield</u> in <u>Hendricks</u> County, Indiana, <u>Andrew J. Lippard</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Angela S. Ross</u> of <u>Hendricks</u> County <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 <u>HENDRICKS</u> County, Indiana, dated <u>10-19-91</u> .	
Signed by: <u>/s/ Dwight S. Bradford</u> Pastor (official designation)	
Filed and recorded in accordance with the laws of the State of Indiana on <u>10-23-91</u> (date).	

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 534

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Michael Wheeler, M.D.

MALE APPLICANT	
Name	First <u>Gerald</u> Middle <u>Alan</u> Last <u>Betterton</u>
Date of Birth	Month <u>9</u> Day <u>4</u> Year <u>56</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>6050 Oakbrook Ln.</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>88</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Keith, Eric, Michelle</u> <u>Betterton</u></p> <p>6. (a) Full name of applicant's father <u>Richard Oley Betterton</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Michigan</u> (b) Full maiden name of applicant's mother <u>Jean Eleanor Tessier</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Minnesota</u></p>	

FEMALE APPLICANT	
Name	First <u>Melanie</u> Middle <u>Suzanne</u> Last <u>Van Hook</u>
Date of Birth	Month <u>1</u> Day <u>22</u> Year <u>1964</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>6312 Beautiful Place</u> City <u>Indianapolis</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1985</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Brandon Van Hook 7</u></p> <p>6. (a) Full name of applicant's father <u>Max Everett Van Hook</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Barbara Dale White</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Texas</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Gerald Betterton 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Gerald Betterton  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Melanie S. Van Hook 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Melanie S. Van Hook  
New Address Same  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of GERALD ALAN BETTERTON and MELANIE SUZANNE VAN HOOK. I further certify that the following marriage certificate was filed in my office: (name), certify that on 23rd OF NOV. 1991 (date), at INDPLS in HENDRICKS County, Indiana, GERALD A. BETTERTON of HENDRICKS County IN (state), and MELANIE S. VAN HOOK of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-23-91 Signed by: /s/ BILLY J. GOTT REVEREND (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 11-25-91 (date).

Signed Connie Dawson Clerk  
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

No. 535

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Stegemoller

MALE APPLICANT

Name J. Douglas Pope  
Date of Birth 8 22 68  
Place of Birth (State or foreign country) Donnaire, In.  
Residence Address 250 N East St. Plainfield, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father John Harwood Pope  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Priscilla Lee Bogan  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant J. Douglas Pope 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed J. Douglas Pope  
New Address same

Subscribed and sworn to before me this 27<sup>th</sup> day of Sept, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

FEMALE APPLICANT

Name Laura Louise Swadner  
Date of Birth 8 26 73  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 125 S Mill St Plainfield, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) Driver's Lic & B.C.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. \_\_\_\_\_

- (a) Full name of applicant's father John Wakefield Swadner  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Beaulay Day Neenan  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Lebanon, In.  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Laura L. 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed Laura L. Swadner  
New Address 250 N East St.

Subscribed and sworn to before me this 27<sup>th</sup> day of Sept, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of J. Douglas Pope and Laura Louise Swadner. I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-4-91 in Morgan County, Indiana, (date), at Mooresville (state), and J. Douglas Pope of Hendricks County Indiana (state), and Laura Louise Swadner 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 10-4-91. Signed by: /s/ John A. Lefler Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-10-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 536

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 ☐  
If No, Medical Examination or Report Dated 9-24-91  
Name of Physician Fahl, M.D.

## MALE APPLICANT

Name James Lee Good  
Date of Birth 11 11 59  
Place of Birth (State or foreign country) Lebanon, In.  
Residence Address 26 Henderson Dr. Brownsburg, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Map Good  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Brownsburg, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Jean Marilyn Meze  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Brownsburg, In.  
Birthplace of mother (State or foreign country) Indiana

## FEMALE APPLICANT

Name Renee Marie Steinmetz  
Date of Birth 7 19 62  
Place of Birth (State or foreign country) Indpls., In.  
Residence Address 26 Henderson Dr. Brownsburg, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children.

- (a) Full name of applicant's father Charles Joseph Steinmetz  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indpls., In.  
Birthplace of father (State or foreign country) France  
(b) Full maiden name of applicant's mother F. Fero Walton  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant James Lee Good 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.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed James Lee Good  
New Address SAME

Subscribed and sworn to before me this 27<sup>th</sup> day of Sept, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Renee Marie Steinmetz 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.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Renee Marie Steinmetz  
New Address SAME

Subscribed and sworn to before me this 27<sup>th</sup> day of Sept, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of James Lee Good

and Renee Marie Steinmetz. I further certify that the following marriage certificate was filed in my office:

I, Robert F. Gammon (name), certify that on 10-19-91

(date), at Indianapolis in Marion County, Indiana,

James Lee Good of Hendricks County Indiana (state), and

Renee Marie Steinmetz of Hendricks County Indiana (state) were married by me as authorized

under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-19-91

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 Connie Lawson Clerk  
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

No. 537  
File \_\_\_\_\_  
Date of Application 9-27-91

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-10-91  
Name of Physician Dr. David Haggard, MD

MALE APPLICANT	
Name	First <u>William</u> Middle <u>Arthur</u> Last <u>Hughes</u>
Date of Birth	Month <u>9</u> Day <u>12</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Virginia</u>
Residence Address	Street or R.R. <u>1314 Quashmore Blvd</u> City <u>Berlin</u> County <u>Indigo's</u> State <u>Marion, In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Michael Stuart Hughes</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Florence Kay Frost</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Pennsylvania</u></p>	

FEMALE APPLICANT	
Name	First <u>Susan</u> Middle <u>Renee</u> Last <u>Ward</u>
Date of Birth	Month <u>7</u> Day <u>17</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1386 Ann Rd</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>In.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Elmer Wayne Ward</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Michigan</u> (b) Full maiden name of applicant's mother <u>Orleta Moden Jackson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Mississippi</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 9-27-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature]  
New Address 1990 Biddle Rd. #B, Indigo's  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature]  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of William Arthur Hughes and Susan Renee Ward. I further certify that the following marriage certificate was filed in my office: \_\_\_\_\_ (name), certify that on 10-12-91 \_\_\_\_\_ in Hendricks County, Indiana, \_\_\_\_\_ (date), at Plainfield \_\_\_\_\_ of Marion County Indiana (state), and \_\_\_\_\_ of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91.  
Signed by: /s/ Johnnie Edwards Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 11-4-91 (date).

Signed Connie Lawson Clerk  
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

No. 538

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 ☐  
If No, Medical Examination or Report Dated 9-24-91  
Name of Physician Dr. Fohl, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name First <u>Brian</u> Middle <u>Allen</u> Last <u>Nelson</u>	Name First <u>Stephanie</u> Middle <u>Rae</u> Last <u>LaRue</u>	Date of Birth Month <u>3</u> Day <u>12</u> Year <u>59</u>	Date of Birth Month <u>10</u> Day <u>3</u> Year <u>64</u>
Place of Birth (State or foreign country) <u>South Carolina</u>	Place of Birth (State or foreign country) <u>Tennessee</u>	Residence Address Street or R.R. <u>445 Martin Rd., Plainfield, Hendricks, In.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>In.</u>	Residence Address Street or R.R. <u>Same</u> City <u>Same</u> County <u>Same</u> State <u>Same</u>
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-3-90</u>
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>William Howard Nelson</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Betty Lou Cross</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father <u>William Thomas LaRue</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Deceased</u> Birthplace of father (State or foreign country) <u>Arkansas</u></p> <p>(b) Full maiden name of applicant's mother <u>Betty Carol Adams</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Tennessee</u> Birthplace of mother (State or foreign country) <u>Arkansas</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Brian A Nelson</u> Date <u>9-27-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Brian A Nelson</u> in this application is true and correct. New Address <u>Same</u> Subscribed and sworn to before me this <u>27th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>Stephanie R. LaRue</u> Date <u>9-27-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>Stephanie R. LaRue</u> in this application is true and correct. New Address _____ Subscribed and sworn to before me this <u>27th</u> day of <u>Sept.</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of Brian A. Nelson and Stephanie Rae LaRue. I further certify that the following marriage certificate was filed in my office: I, Dan J. Smetzer (name), certify that on 10-5-91 (date), at Amo in Hendricks County, Indiana, Brian Allen Nelson of Hendricks County Indiana (state), and Stephanie Rae LaRue 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 10-5-91. Signed by: /s/ Dan J. Smetzer Pastor (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-7-91 (date).

Signed Connie Lawson Clerk  
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

No. 539  
File \_\_\_\_\_  
Date of Application 9-27-91

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. David M. Fernal, DO

**MALE APPLICANT**

Name Thomas Nelson Like, Jr.  
Date of Birth 8 16 73  
Place of Birth (State or foreign country) Texas  
Residence Address 1220 Salem Rd., Mooresville, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Jasmine Diann Smith
- (a) Full name of applicant's father: Thomas Nelson Like, Sr.  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother: Kathy Spaulding Campbell  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Thomas W Like Jr 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Thomas W Like Jr  
New Address Same  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Angela Marie Smith  
Date of Birth 10 31 72  
Place of Birth (State or foreign country) Indiana  
Residence Address 1220 Salem Rd., Mooresville, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify) \_\_\_\_\_

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Jasmine Diann Smith
- (a) Full name of applicant's father: Fulton J. Smith  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) South Carolina  
(b) Full maiden name of applicant's mother: Mildred L. Wilson  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Angela M Smith 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.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Angela M Smith  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 27th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_  
State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91, authorizing the marriage of Thomas Nelson Like, Jr. and Angela M. Smith. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on Danville (date), at Danville in Hendricks County, Indiana, Thomas N. Like, Jr. of Hendricks County Indiana (state), and Angela M. Smith of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-27-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 9-27-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSEHENDRICKS CountyNo. 540File 9-30-91  
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 8-19-91  
Name of Physician Robert A. Deann, MD

MALE APPLICANT			
Name	First	Middle	Last
	<u>Jerry</u>	<u>Wayne</u>	<u>Decker</u>
Date of Birth	Month	Day	Year
	<u>9</u>	<u>28</u>	<u>44</u>
Place of Birth (State or foreign country) <u>Indiana</u>			
Residence Address	Street or R.R.	City	County State
	<u>R.R. 1 Box 527</u>	<u>Coatesville</u>	<u>Hendricks, IN</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>9-28-90</u>			
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —
- Full name of applicant's father Emmett Carl Decker  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Tennessee  
Birthplace of father (State or foreign country) Indiana
  - Full maiden name of applicant's mother Ella Mayfield  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Tennessee  
Birthplace of mother (State or foreign country) Indiana

FEMALE APPLICANT			
Name	First	Middle	Last
	<u>Betty</u>	<u>Lorine</u>	<u>Fisher</u>
Date of Birth	Month	Day	Year
	<u>April</u>	<u>10</u>	<u>1943</u>
Place of Birth (State or foreign country) <u>Lee County, VA.</u>			
Residence Address	Street or R.R.	City	County State
	<u>R.R. #1 Box 527</u>	<u>Coatesville</u>	<u>IN</u>
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>—</u>			
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) <u>Drivers License</u>			

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. None
- Full name of applicant's father Roy E. Johnson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Dec.  
Birthplace of father (State or foreign country) VA.
  - Full maiden name of applicant's mother Ella Faye Fisher  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) VA.

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Jerry W. Decker Date 10-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Jerry W. Decker  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 2nd day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Betty Lorine Fisher Date 9-30-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.  
Signed Betty Lorine Fisher  
New Address SAME  
Subscribed and sworn to before me this 30th day of Sept., 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby 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 )  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 9-30-91, authorizing the marriage of Jerry Decker and Betty L. Fisher. I further certify that the following marriage certificate was filed in my office: I, Rev. Wayne D. Kivett (name), certify that on 10-5-91 (date), at Coatesville in Indiana County, Indiana, Jerry W. Decker of Hendricks County Indiana (state), and Betty L. Fisher 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 10-2-91. Signed by: /s/ Rev. Wayne D. Kivett Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-7-91 (date).

Signed Connie Lawson Clerk  
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

No. 541

File 10-1-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-23-91  
Name of Physician Dr. J. Drummell, M.D.

**MALE APPLICANT**

Name Philip First Stuart Middle Schneider Last  
Date of Birth 3 Month 13 Day 67 Year  
Place of Birth (State or foreign country) Michigan  
Residence Address 104 Gordon Dr. Street or R.R. Plainfield City Hendricks County Ind. State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Nicholas Philip Schneider  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Illinois  
Birthplace of father (State or foreign country) Michigan  
(b) Full maiden name of applicant's mother Angela Theresa Kasprzak  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Illinois  
Birthplace of mother (State or foreign country) New York

**FEMALE APPLICANT**

Name Kelly First Michelle Middle Rammell Last  
Date of Birth 11 Month 3 Day 67 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 1529 Gordon St. Street or R.R. Plainfield City Hendricks County Ind. State  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Jester Paul Rammell  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Suzanne Marie Neal  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Philip S. Schneider Date 10-1-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Philip S. Schneider  
New Address Same  
Subscribed and sworn to before me this 1st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Kelly M. Rammell Date 10-1-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Kelly M. Rammell  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 1st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-1-91, authorizing the marriage of Philip S. Schneider and Kelly M. Rammell. 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, Philip S. Schneider of Hendricks County Indiana (state), and Kelly M. Rammell 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 10-12-91. Signed by: /s/ Rev. Richard Zore Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-18-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 542

File

10-1-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician John E. Mackey, MD

## MALE APPLICANT

Name Richard First Willis Middle Schwartz Last  
Date of Birth 9 Month 7 Day 47 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address 6201 Whitechick Creek Rd. Indigo, Hendricks, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-87  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Henry Addison Schwartz  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Audrey Jean Williams  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## FEMALE APPLICANT

Name Karen First Marie Middle Pierce Last  
Date of Birth 1 Month 5 Day 56 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address Same  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 10-87  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Tracey Lynn Pierce, Jennifer Michelle Pierce, Bryan Tracy Pierce

- (a) Full name of applicant's father Robert Eugene Haas  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Jeanne Ann Ling  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 10/1/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 1st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 10/1/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Signed [Signature] in this application is true and correct.  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 1st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-1-91, authorizing the marriage of Richard Willis Schwartz and Karen Marie Pierce. I further certify that the following marriage certificate was filed in my office: 10-1-91 (name), certify that on \_\_\_\_\_ in Hendricks County, Indiana, \_\_\_\_\_ (date), at Danville \_\_\_\_\_ County Indiana (state), and Richard W. Schwartz of Hendricks County Indiana (state), and Karen M. Pierce 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 10-1-91. Signed by: /s/ Cynthia J. Spence 1st Deputy Clerk (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-1-91 (date).

Signed Connie Lawson Clerk  
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

No. 543

File

10-1-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated  
Name of Physician R. Band M.D.

MALE APPLICANT	
Name	Calvin L. Settles II
Date of Birth	12/1/68
Place of Birth (State or foreign country)	Calif.
Residence Address	RR 1 Box 322A Clayton, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Linares
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Calvin L. Settles (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Clayton, In. Birthplace of father (State or foreign country): Ind.</p> <p>(b) Full maiden name of applicant's mother: Betty Williams (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Same Birthplace of mother (State or foreign country): Ind.</p>	

FEMALE APPLICANT	
Name	Suzanne M. Bousquet
Date of Birth	5/29/69
Place of Birth (State or foreign country)	Calif.
Residence Address	Same
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Dr. Linares
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Roger L. Bousquet (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Brockton, Mass. Birthplace of father (State or foreign country): Mass.</p> <p>(b) Full maiden name of applicant's mother: Helen Scott (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Middleboro, Mass. Birthplace of mother (State or foreign country): Mass.</p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 10/1/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
I swear/affirm that the information given in this application is true and correct.  
Signed [Signature]  
New Address RR 1 Box 322A Clayton, In.  
Subscribed and sworn to before me this 1 day of Oct, 19 91  
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant [Signature] Date 10/1/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
I swear/affirm that the information given in this application is true and correct.  
Signed [Signature]  
New Address RR 1 Box 322A Clayton, In.  
Subscribed and sworn to before me this 1 day of Oct, 19 91  
[Signature] Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: \_\_\_\_\_  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-1-91, authorizing the marriage of 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 on 10-26-91 (date), at Clayton (state), in Hendricks County, Indiana, Calvin L. Settles, II of Hendricks County Indiana (state), and Suzanne M. Bousquet 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 10-26-91.  
Signed by: /s/ Steven W. Ranson Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-29-91 (date).

Signed [Signature] Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 544

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 ☐  
If No, Medical Examination or Report Dated 9-11-91  
Name of Physician Dr. Wm. Edwards, M.D.

MALE APPLICANT	
Name	Donald Anthony Steinmetz
Date of Birth	11/21/67
Place of Birth (State or foreign country)	Indiana
Residence Address	2333 W. 50 S. Danville, Hendricks, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. —</p> <p>6. (a) Full name of applicant's father: Anthony Leo Steinmetz (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Indiana (b) Full maiden name of applicant's mother: Donna Kay Cooley (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Indiana</p>	

FEMALE APPLICANT	
Name	Sherry Lynn Deckard
Date of Birth	6/27/65
Place of Birth (State or foreign country)	Indiana
Residence Address	737 Markey Rd. Danville, Hendricks, In.
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages 1
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date 2-17-89
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. Blake Ryan Richard</p> <p>6. (a) Full name of applicant's father: Larry Milton Clark (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Indiana (b) Full maiden name of applicant's mother: Mary Jo Brennan (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Indiana</p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Donald A. Steinmetz Date 10-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: X Donald A. Steinmetz in this application is true and correct.  
Signed X Donald A. Steinmetz  
New Address —  
Subscribed and sworn to before me this 2nd day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Sherry L. Deckard Date 10-2-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: X Sherry L. Deckard in this application is true and correct.  
Signed X Sherry L. Deckard  
New Address —  
Subscribed and sworn to before me this 2nd day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-2-91, authorizing the marriage of Donald A. Steinmetz and Sherry Lynn Deckard. I further certify that the following marriage certificate was filed in my office: I, John P. Roof (name), certify that on 10-19-91 (date), at Danville in Hendricks County, Indiana, Donald Anthony Steinmetz of Hendricks County Indiana (state), and Sherry Lynn Deckard 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 10-19-91 Signed by: /s/ John P. Roof, Episcopal Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-21-91 (date).

Signed Connie Lawson Clerk  
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

No. 545

File

10-4-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-30-91  
Name of Physician \_\_\_\_\_

MALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Gerard Andrew Curiak</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Michigan</u> Birthplace of father (State or foreign country) <u>Michigan</u> (b) Full maiden name of applicant's mother <u>Donna Ann Dabblane</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Michigan</u> Birthplace of mother (State or foreign country) <u>Massachusetts</u></p>				

FEMALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____			
Last Marriage Ended By:	Death <input type="checkbox"/>	Divorce <input type="checkbox"/>	Annulment <input type="checkbox"/>	Date _____
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>			
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Philip Lee Smith, Sr.</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Sandra Rae Durham</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>				

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>[Signature]</u>	Date <u>10/4/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>[Signature]</u> in this application is true and correct. New Address <u>Same</u>	
Subscribed and sworn to before me this <u>4th</u> day of <u>October</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant <u>[Signature]</u>	Date <u>10/4/91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court _____	Date _____
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>[Signature]</u> in this application is true and correct. New Address _____	
Subscribed and sworn to before me this <u>4th</u> day of <u>October</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____	
State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____	
Father _____	ID # _____
Mother _____	ID # _____
Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-4-91, authorizing the marriage of Steven Gerard Curiak and Emily Desirée Smith. I further certify that the following marriage certificate was filed in my office: I, Donald L. Collins (name), certify that on 10-5-91 (date), at Anderson in Madison County, Indiana, Steven Gerard Curiak of Oakland County Michigan (state), and Emily Desirée Smith of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-5-91. 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).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 546

File

10-4-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 10-4-91  
Name of Physician Jm Hurdick M.D. (C?)

MALE APPLICANT	
Name	First Middle Last Scott Michael Wells
Date of Birth	Month Day Year 11 30 67
Place of Birth (State or foreign country)	Champaign/Urbana Ill.
Residence Address	Street or R.R. City County State 227 Ridgeway Dr. Davidson, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Quasi Lic
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Elmo Gene Wells (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Mt. Vernon, Ill. Birthplace of father (State or foreign country) Illinois</p> <p>(b) Full maiden name of applicant's mother: Phyllis Jean Hunt (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Mt. Vernon, Ill. Birthplace of mother (State or foreign country) Illinois</p>	

FEMALE APPLICANT	
Name	First Middle Last Ann Marie Patterson
Date of Birth	Month Day Year 9 19 67
Place of Birth (State or foreign country)	Danville, In.
Residence Address	Street or R.R. City County State 3610 N 950 E Brownsburg In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Quasi Lic
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children.</p>	
<p>6. (a) Full name of applicant's father: Mark William Patterson (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Brownsburg, In. Birthplace of father (State or foreign country) Indiana</p> <p>(b) Full maiden name of applicant's mother: Mary Ann Dickerson (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Brownsburg, In. Birthplace of mother (State or foreign country) Indiana</p>	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Scott Wells Date 10-4-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Scott Wells  
New Address SAME  
Subscribed and sworn to before me this 4<sup>th</sup> day of Oct, 19 91  
Connie Rawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of , 19  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Ann Marie Patterson Date 10-4-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Ann Marie Patterson  
New Address 227 Ridgeway Dr. Nashville, TN  
Subscribed and sworn to before me this 4<sup>th</sup> day of Oct, 19 91  
Connie Rawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of , 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-4-91, authorizing the marriage of Scott Michael Wells and Ann Marie Patterson. I further certify that the following marriage certificate was filed in my office:  
I, George W. Davis (name), certify that on 10-5-91 (date), at Brownsburg in Hendricks County, Indiana, Scott M. Wells of Davidson County Tennessee (state), and Ann M. Patterson 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 10-5-91  
Signed by: /s/ George W. Davis Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-9-91 (date).

Signed Connie Rawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 547

File

10-7-91  
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 8-31-91  
Name of Physician David Plotger, M.D.

## MALE APPLICANT

Name Edward Leonard Haley  
Date of Birth 8 27 70  
Place of Birth (State or foreign country) Ohio  
Residence Address 6975 1/2 N. 625 E, Brownsburg, Hendricks, IN  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father Robert William Haley  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Michigan  
Birthplace of father (State or foreign country) Ohio  
(b) Full maiden name of applicant's mother Georgann Duffre  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Michigan  
Birthplace of mother (State or foreign country) Ohio

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Edward L. Haley Date 10-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Edward L. Haley

New Address Same

Subscribed and sworn to before me this 7th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_

Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

## FEMALE APPLICANT

Name Julea Justine Garrison  
Date of Birth 3 20 71  
Place of Birth (State or foreign country) Indiana  
Residence Address Same  
Previous Marital Status: 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. —

- (a) Full name of applicant's father John Andrew Garrison  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Janice Ellen Daniels  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) California

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Julea Garrison Date 10-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Julea Garrison

New Address

Subscribed and sworn to before me this 7th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_

Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-7-91, authorizing the marriage of Edward Leonard Haley and Julea Justine Garrison. I further certify that the following marriage certificate was filed in my office: I, James R. Davis (name), certify that on 10-19-91 (date), at Brownsburg in Hendricks County, Indiana, Edward L. Haley of Hendricks County, Indiana (state), and Julea L. Garrison 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 10-19-91. Signed by: /s/ James R. Davis, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 548

File

10-7-91  
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 10-7-91  
Name of Physician Dr. J. Sascali, M.D.

MALE APPLICANT	
Name	First <u>Jim</u> Middle <u>Robert</u> Last <u>Ayers</u>
Date of Birth	Month <u>10</u> Day <u>7</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Germany</u>
Residence Address	Street or R.R. <u>R.R. 1 Box 483</u> City <u>Clayton</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>-</u>
6. (a) Full name of applicant's father	<u>Robert Jackson Ayers</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>W. Virginia</u>
(b) Full maiden name of applicant's mother	<u>Wala Richard</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Germany</u>

FEMALE APPLICANT	
Name	First <u>Stacy</u> Middle <u>Lynn</u> Last <u>Hutton</u>
Date of Birth	Month <u>1</u> Day <u>19</u> Year <u>69</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>9912 Stafford Rd.</u> City <u>Indigo</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	<u>Taylor Hutton</u>
6. (a) Full name of applicant's father	<u>Kenneth Lowell Hutton</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Margaret Marilyn Taylor</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X T. R. Ayers Date 10/7/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X T. R. Ayers  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 7th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Stacy Hutton Date Oct 7, 1991

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Stacy Hutton  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 7th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-7-91, authorizing the marriage of Tim Robert Ayers and Stacy Lynn Hutton. I further certify that the following marriage certificate was filed in my office: I, Rev. Ted D. Stephenson (name), certify that on 11-6-91 (date), at Indianapolis in Marion County, Indiana, Tim Robert Ayers of Hendricks County Indiana (state), and Stacy Lynn Hutton 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 11-2-91. Signed by: /s/ Ted D. Stephenson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 11-6-91 (date).

Signed \_\_\_\_\_ Clerk  
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

No. 549

File

10-7-91

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 10-2-91  
Name of Physician J.M. Ellison, M.D.

**MALE APPLICANT**

Name Michael Allen Marshall  
Date of Birth 9 11 67  
Place of Birth (State or foreign country) Brazil, In.  
Residence Address 1277 S Center St. Plainfield, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Jack Allen Marshall  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Emily Jean Seymour  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Michael A Marshall Date 10-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Michael A Marshall  
New Address 152 S. Kentucky Danville, W.  
Subscribed and sworn to before me this 7<sup>th</sup> day of Oct, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Penny E Leslie  
Date of Birth 12 15 69  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address P.O. Box 668 Spurgeon, In. 47584  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☒ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children.

6. (a) Full name of applicant's father Alvin John Leslie  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Spurgeon, In.  
Birthplace of father (State or foreign country) Indiana, Selma  
(b) Full maiden name of applicant's mother Patricia Ellen Napatek  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Spurgeon, In.  
Birthplace of mother (State or foreign country) New York

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Penny E Leslie Date 10-7-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Penny E Leslie  
New Address 152 S. Kentucky Danville, In  
Subscribed and sworn to before me this 7<sup>th</sup> day of Oct, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-7-91, authorizing the marriage of Michael Allen Marshall and Penny E. Leslie. I further certify that the following marriage certificate was filed in my office: (date), at Oakland City in Gibson County, Indiana, Michael Allen Marshall of Hendricks County Indiana (state), and Penny Elizabeth Leslie of Pike 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 10-12-91. Signed by: /s/ Father David Fleck, Catholic Priest (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-17-91 (date).

Signed Connie Lawson Clerk  
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

No. 550

File

10-7-91  
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 10-7-91  
Name of Physician Dr. Dr. Rebecca Hawk, MD.

MALE APPLICANT		FEMALE APPLICANT	
Name First: Steven, Middle: Ross, Last: Tudor	Name First: Leslie, Middle: Diane, Last: Slover	Date of Birth Month: 3, Day: 1, Year: 70	Date of Birth Month: 6, Day: 14, Year: 72
Place of Birth (State or foreign country) Indiana	Place of Birth (State or foreign country) Indiana	Residence Address Street or R.R.: 184 W 500 S, City: Clayton, County: Hendricks, State: In.	Residence Address Street or R.R.: P.O. Box 58, City: Clayton, County: Hendricks, State: In.
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date	Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Divorce License</u>	Date of birth verified by: <input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. —</p>	
<p>6. (a) Full name of applicant's father: <u>George Leo Tudor</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Missouri</u></p> <p>(b) Full maiden name of applicant's mother: <u>Marion Lee McMill</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Arkansas</u></p>		<p>6. (a) Full name of applicant's father: <u>Gerald Glenn Slover</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother: <u>Mary Lee Johnson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: <u>Steven R Tudor</u> Date: <u>10/7/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct. Signed: <u>Steven R Tudor</u> New Address: <u>Same</u> Subscribed and sworn to before me this <u>7th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the HENDRICKS Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant: <u>Leslie Diane Slover</u> Date: <u>10/7/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court: _____ Date: _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct. Signed: <u>Leslie D Slover</u> New Address: _____ Subscribed and sworn to before me this <u>7th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the HENDRICKS Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana ) County of HENDRICKS ) ss: Father: _____ ID # _____ Mother: _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-7-91, authorizing the marriage of Steven R. Tudor and Leslie D. Slover. I further certify that the following marriage certificate was filed in my office: I, Stevan W. Ranson (name), certify that on 10-8-91 (date), at Hazelwood Christian Church in Hendricks County, Indiana, (state), and Steven R. Tudor of Hendricks County Indiana (state), and Leslie D. Slover 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 10-8-91. Signed by: /s/ Stevan W. Ranson Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-10-91 (date).

Signed Connie Lawson Clerk  
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

No. 551

File

10-8-91  
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 T. M. Poe, MD

MALE APPLICANT	
Name	First <u>Curtis</u> Middle <u>Frank</u> Last <u>Janneck</u>
Date of Birth	Month <u>5</u> Day <u>5</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>39 Campbell St.</u> City <u>Moreeville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Frank William Janneck</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Madonna Sue Harverson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>deceased</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Nancy</u> Middle <u>Kay</u> Last <u>Ptacek</u>
Date of Birth	Month <u>2</u> Day <u>14</u> Year <u>1966</u>
Place of Birth (State or foreign country)	<u>North Dakota</u>
Residence Address	Street or R.R. <u>39 Campbell St.</u> City <u>Moreeville</u> County <u>Hendricks</u> State <u>Indiana</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Charles Kenneth Ptacek</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>North Dakota</u> Birthplace of father (State or foreign country) <u>Minnesota</u></p> <p>(b) Full maiden name of applicant's mother <u>Shirley Joy Johnson</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>North Dakota</u> Birthplace of mother (State or foreign country) <u>North Dakota</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Curtis F. Janneck Date 10/8/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Curtis F. Janneck  
New Address Same  
Subscribed and sworn to before me this 8th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Nancy Kay Ptacek Date 10-14-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Nancy Kay Ptacek  
New Address Same  
Subscribed and sworn to before me this 14 day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-14-91, authorizing the marriage of Curtis Frank Janneck and Nancy Kay Ptacek. I further certify that the following marriage certificate was filed in my office: I, Andrew J. Simkins (name), certify that on 10-19-91 (date), at Danville in Hendricks County, Indiana, Curtis F. Janneck of Hendricks County Indiana (state), and Nancy Kay Ptacek 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 10-19-91. Signed by: /s/ Andrew J. Simkins Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-30-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 552

File

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 ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician A. Buinewicz, M.D.

**MALE APPLICANT**

Name First Arnold Middle Reed Last Jines  
Date of Birth Month 10 Day 6 Year 36  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
916 Cheltenham Way, Ellettsville, Hendricks, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. —

6. (a) Full name of applicant's father Arnold Edward Jines  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mrs. Marcella Reed  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Mary Middle Lynn Last Malling  
Date of Birth Month 4 Day 25 Year 58  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
Same  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 3  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 3-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. Joshua David Birtchman, Jacob Michael Birtchman, Christopher Keith Malling

6. (a) Full name of applicant's father Lawrence Marshall Winger  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Missouri  
Birthplace of father (State or foreign country) West Virginia  
(b) Full maiden name of applicant's mother Mrs. Marie Thompson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Arnold R. Jines Date 10-10-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Connie Lawson  
New Address Same  
Subscribed and sworn to before me this 10th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mary L. Malling Date 10-10-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Mary L. Malling  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 10th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-91, authorizing the marriage of Arnold R. Jines and Mary L. Malling. I further certify that the following marriage certificate was filed in my office: I, Thomas Franklin (name), certify that on 10-12-91 (date), at Indianapolis in Marion County, Indiana, Arnold R. Jines of Hendricks County Indiana (state), and Mary L. Malling 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 10-12-91. Signed by: /s/ Thomas Franklin Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-15-91 (date).

Signed Connie Lawson Clerk  
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

No. 553

File

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 ☐  
If No, Medical Examination or Report Dated 9-25-91  
Name of Physician Dr. Block, M.D.

MALE APPLICANT

Name First Middle Last  
Joe Allan McNary  
Date of Birth Month Day Year  
2 20 45  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
R.R. 1 Box 436 Cloverdale, Putnam, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 2  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 7-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Megan McNary

- (a) Full name of applicant's father Artie McNary  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Helen Bryan  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Joe McNary Date 10/10/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Joe McNary in this application is true and correct.  
New Address Same  
Subscribed and sworn to before me this 10th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of , 19  
Clerk

FEMALE APPLICANT

Name First Middle Last  
Sharon Anna McLean  
Date of Birth Month Day Year  
7 16 46  
Place of Birth (State or foreign country) Indiana  
Residence Address Street or R.R. City County State  
2296 N. Mill Apt. 10, Bedford, Hendricks, IN  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 8-91  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. -

- (a) Full name of applicant's father S. Hyalmar Johnson  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Illinois  
(b) Full maiden name of applicant's mother Thora E. Earley  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Illinois

ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Sharon A. McLean Date 10/10/91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
Signed X Sharon A. McLean in this application is true and correct.  
New Address  
Subscribed and sworn to before me this 10th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:  
Father ID #  
Mother ID #  
Subscribed and sworn to before me this day of , 19  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-91, authorizing the marriage of Joe A. McNary and Sharon A. McLean. I further certify that the following marriage certificate was filed in my office: I, William D. Byrd, (name), certify that on 10-10-91 (date), at 4:00 pm - Cloverdale in Putnam County, Indiana, Joe A. McNary of Putnam County Indiana (state), and Sharon A. McLean 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 10-10-91. Signed by: /s/ William D. Byrd Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-14-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 554

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 10-11-91  
Name of Physician W.C. Stafford, MD

MALE APPLICANT	
Name	First <u>David</u> Middle <u>Allen</u> Last <u>Sims</u>
Date of Birth	Month <u>1</u> Day <u>17</u> Year <u>67</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>106 Sheila Dr.</u> City <u>Brownsville</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Howard Sims</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Ruth Evelyn Sanders</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Melanie</u> Middle <u>Annette</u> Last <u>Scrogam</u>
Date of Birth	Month <u>3</u> Day <u>5</u> Year <u>64</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>P.O. Box 157</u> City <u>Ligon</u> County <u>Hendricks</u> State <u>IN</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Harry Richard Scrogam</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Rose Ann Jones</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David A. Sims Date 10-11-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed David A. Sims  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 11th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Melanie A. Scrogam Date 10-11-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Melanie A. Scrogam  
New Address Same  
Subscribed and sworn to before me this 11th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-91, authorizing the marriage of David A. Sims and Melanie A. Scrogam. I further certify that the following marriage certificate was filed in my office: 10-19-91 (name), certify that on 10-19-91 (date), at Muncie in Delaware County, Indiana, David A. Sims of Hendricks County Indiana (state), and Melanie A. Scrogam 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 10-19-91. Signed by: /s/ Dr. David R. Cartwright Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-23-91 (date).

Signed Connie Lawson Clerk  
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

No. 555  
File \_\_\_\_\_  
Date of Application 10-11-91

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 9-25-91  
Name of Physician Robert Hawn, M.D.

MALE APPLICANT		FEMALE APPLICANT	
Name	First <u>Tony</u> Middle <u>Franklin</u> Last <u>Tomblin</u>	Name	First <u>Laura</u> Middle <u>Isabel</u> Last <u>Wampler</u>
Date of Birth	Month <u>4</u> Day <u>19</u> Year <u>63</u>	Date of Birth	Month <u>3</u> Day <u>5</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>	Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>4586 W. 400 S</u> City <u>Danville</u> County <u>Hendricks</u> State <u>Ind.</u>	Residence Address	Street or R.R. <u>W. Main Box 164</u> City <u>Amo</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____	Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____	Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>	Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>		<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p>	
<p>6. (a) Full name of applicant's father <u>William Franklin Tomblin</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u></p> <p>(b) Full maiden name of applicant's mother <u>Beth Ellen Carter</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>		<p>6. (a) Full name of applicant's father <u>John Philip Wampler</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Avery Wayne Hirt</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	
<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Tony F. Tomblin</u> Date <u>10-11-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>X Tony F. Tomblin</u> New Address _____ Subscribed and sworn to before me this <u>11th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Hawn</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>		<p><b>ACKNOWLEDGMENT</b> I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant <u>X Laura I. Wampler</u> Date <u>10-11-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Signed <u>X Laura I. Wampler</u> New Address _____ Subscribed and sworn to before me this <u>11th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Hawn</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	
<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>		<p><b>CONSENT OF PARENTS, PARENT, OR GUARDIAN</b> We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-91, authorizing the marriage of Tony F. Tomblin and Laura I. Wampler. I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-12-91 (date), at Stilesville in Hendricks County, Indiana, Tony F. Tomblin of Hendricks County Indiana (state), and Laura I. Wampler 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 10-17-91. Signed by: /s/ Thomas E. Smith, Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-17-91 (date).

Signed Connie Hawn Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No.

556

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 10-2-91  
Name of Physician Richard Haneke, MD

MALE APPLICANT	
Name	First Middle Last John Mark Pearman
Date of Birth	Month Day Year 8 12 68
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State 8128 Hughes RD, North Salem, Hendricks, In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. —</p>	
<p>6. (a) Full name of applicant's father James Frank Pearman (If adopted, list adoptive parents only) Residence of father (if deceased, so state) New York Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Sharon Kay James (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana</p>	

FEMALE APPLICANT	
Name	First Middle Last Elizabeth Ann Moore
Date of Birth	Month Day Year 10 1 73
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R. City County State Same
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. —</p>	
<p>6. (a) Full name of applicant's father Jerry Wayne Moore (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indiana Birthplace of father (State or foreign country) Indiana (b) Full maiden name of applicant's mother Jamie Louise Angle (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indiana Birthplace of mother (State or foreign country) Indiana</p>	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant John M Pearman Date 10-11-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X John M Pearman  
New Address Same  
Subscribed and sworn to before me this 11th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Elizabeth A. Moore Date 10-11-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Elizabeth A. Moore  
New Address  
Subscribed and sworn to before me this 11th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-91, authorizing the marriage of John M. Pearman and Elizabeth A. Moore. I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-26-91 in Hendricks County, Indiana, (date), at North Salem of Hendricks County Indiana (state), and Elizabeth A. Moore of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-26-91 Signed by: /s/ Elizabeth J. Spurlock Judge (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-28-91 (date).

Signed Connie Lawson Clerk  
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

No. 557

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 10-5-91  
Name of Physician Blanca Parente of Central Indiana

**MALE APPLICANT**

Name Michael Dean Tasker  
Date of Birth 9 24 69  
Place of Birth (State or foreign country) Indiana  
Residence Address 3950 N. 1000 E. Lot 89, Brownsburg, Hendricks, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. Brittany Jean Tasker
- (a) Full name of applicant's father. Norman Tasker  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Unknown  
Birthplace of father (State or foreign country) Michigan  
(b) Full maiden name of applicant's mother. Sylvia Floyd  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Ena Marie Scott  
Date of Birth 5 19 73  
Place of Birth (State or foreign country) Indiana  
Residence Address Same  
Previous Marital Status: 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

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. -
- (a) Full name of applicant's father. Darnel Malden Scott  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother. Ena Gay Jordan  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indiana  
Birthplace of mother (State or foreign country) Illinois

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Michael D. Tasker Date 10-11-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Michael D. Tasker  
New Address Same

Subscribed and sworn to before me this 11th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant X Ena M. Scott Date 10-11-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed X Ena M. Scott  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 11th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-11-91, authorizing the marriage of Michael Dean Tasker and Ena Marie Scott.

I, James R. Davis, further certify that the following marriage certificate was filed in my office: (name), certify that on 10-12-91

(date), at Brownsburg in Hendricks County, Indiana,

Michael D. Tasker of Hendricks County Indiana (state), and Ena M. 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 10-12-91

Signed by: /s/ James F. Davis, Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 558

File

10-14-91  
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 10-10-91  
Name of Physician Dr. Bessley

MALE APPLICANT	FEMALE APPLICANT
<p>Name: First <u>Troy</u> Middle <u>Kent</u> Last <u>Gorham</u></p> <p>Date of Birth: <u>5</u> / <u>20</u> / <u>57</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>R.R. 1 Box 394A, Coatesville, Hendricks, In</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-89</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Bryan Charles Gorham</u></p> <p>6. (a) Full name of applicant's father: <u>James Keith Gorham</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Indiana</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Emma Kay Bliss</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>	<p>Name: First <u>Lora</u> Middle <u>Lee</u> Last <u>Jones</u></p> <p>Date of Birth: <u>8</u> / <u>8</u> / <u>62</u></p> <p>Place of Birth (State or foreign country): <u>Indiana</u></p> <p>Residence Address: <u>Same</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>5-89</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>-</u></p> <p>6. (a) Full name of applicant's father: <u>Jack W. McGuire</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state): <u>Deceased</u> Birthplace of father (State or foreign country): <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother: <u>Dorothy Lucille Perkins</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): <u>Indiana</u> Birthplace of mother (State or foreign country): <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Troy Kent Gorham</u> Date <u>10/14/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Troy Kent Gorham</u> in this application is true and correct. New Address <u>Same</u></p> <p>Subscribed and sworn to before me this <u>14th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> <p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>X Lora L. Jones</u> Date <u>10-14-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Signed <u>X Lora L. Jones</u> in this application is true and correct. New Address _____</p> <p>Subscribed and sworn to before me this <u>14th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> <p>CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) County of <u>HENDRICKS</u> ) ss: _____ Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk _____</p>
<p><b>COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.</b> A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.</p>	
<p><b>RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE</b></p>	
<p>I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _____ County, Indiana, dated <u>10-14-91</u>, authorizing the marriage of <u>Troy K. Gorham</u> and <u>Lora L. Jones</u>.</p> <p>I, <u>Del. Follis</u>, (name), certify that on <u>10-19-91</u> (date), at <u>Coatesville</u> in <u>Hendricks</u> County, Indiana, (state), and <u>Troy K. Gorham</u> of <u>Hendricks</u> County <u>Indiana</u> (state), and <u>Lora L. Jones</u> of <u>Hendricks</u> County <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 _____ County, Indiana, dated <u>10-19-91</u>. Signed by: <u>/s/ Del. Follis</u> Minister (official designation)</p> <p>Filed and recorded in accordance with the laws of the State of Indiana on <u>10-28-91</u> (date).</p> <p style="text-align: right;">Signed <u>Connie Lawson</u> Clerk HENDRICKS Circuit Court</p>	



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. 559

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 ☒ Yes ☐  
If No, Medical Examination or Report Dated 8-27-91  
Name of Physician Dr. T. W. Roe, M.D.

MALE APPLICANT	
Name	First <u>Charles</u> Middle <u>Laverne</u> Last <u>Patton, Jr.</u>
Date of Birth	Month <u>10</u> Day <u>13</u> Year <u>55</u>
Place of Birth (State or foreign country)	<u>Thailand</u>
Residence Address	Street or R.R. <u>9825 W. Washington St.</u> City <u>Indianapolis</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>None</u></p> <p>6. (a) Full name of applicant's father <u>Charles Laverne Patton, Sr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Helen Louise Stewart</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Lora</u> Middle <u>Jean</u> Last <u>Wroten</u>
Date of Birth	Month <u>11</u> Day <u>4</u> Year <u>68</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u>Indianapolis</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Destinie Michelle Wroten</u></p> <p>6. (a) Full name of applicant's father <u>Edward Wroten</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Alberta Ann Minner</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Charles L. Patton, Jr.</u> Date <u>10-15-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Charles L. Patton, Jr.</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this <u>15th</u> day of <u>October</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	
Signature of Applicant	<u>Lora J. Wroten</u> Date <u>10-15-91</u>
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
Clerk of Court	Date
State of Indiana ) County of <u>HENDRICKS</u> ) ss: I swear/affirm that the information given in this application is true and correct.	
Signed	<u>Lora J. Wroten</u>
New Address	<u>Same</u>
Subscribed and sworn to before me this <u>15th</u> day of <u>October</u> , 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID #
Mother	ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana ) County of <u>HENDRICKS</u> ) ss:	
Father	ID #
Mother	ID #
Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk	

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of \_\_\_\_\_ HENDRICKS County, Indiana, dated 10-15-91, authorizing the marriage of Charles L. Patton, Jr. and Lora J. Wroten. I further certify that the following marriage certificate was filed in my office: I, Cynthia J. Spence (name), certify that on 10-15-91 (date), at Danville in Hendricks County, Indiana, Charles L. Patton, Jr. of Hendricks County Indiana (state), and Lora J. Wroten 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 10-15-91. Signed by: /s/ Cynthia J. Spence, 1st Deputy Clerk (official designation). Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 560

File

10-16-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-7-91  
Name of Physician R. Tausell, M.D.

**MALE APPLICANT**

Name First Middle Last  
Mark Allen Hayden

Date of Birth Month Day Year  
12 7 59

Place of Birth (State or foreign country)  
Indianapolis, In.

Residence Address Street or R.R. City County State  
7898 W St Rd 240 Cantonville, In.

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 4-1-91

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children.  
Jessica Lynn Hayden 11 yrs  
Ronnie Scott Hayden 9 yrs

6. (a) Full name of applicant's father Otis Hayden  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Mt. Meridian, In.  
Birthplace of father (State or foreign country) Indiana

(b) Full maiden name of applicant's mother Rosa Menta Poland  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Indianapolis, In.  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name First Middle Last  
Joella - Musgrove

Date of Birth Month Day Year  
5 31 61

Place of Birth (State or foreign country)  
Revelo, Ky.

Residence Address Street or R.R. City County State  
7898 W St Rd 240 Cantonville, In.

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date

Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐

2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐

3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐

4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐

5. List the full names of any dependent children.

6. (a) Full name of applicant's father Alois Hastings Musgrove  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) Ky.

(b) Full maiden name of applicant's mother Greta Dion Wilson  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Danville, In.  
Birthplace of mother (State or foreign country) Ky.

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Mark Allen Hayden Date 10-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Mark Allen Hayden

New Address

Subscribed and sworn to before me this 16th day of Oct, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Joella Musgrove Date 10-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court Date

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Joella Musgrove

New Address

Subscribed and sworn to before me this 16th day of Oct, 1991

Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary

State of Indiana )  
County of HENDRICKS ) ss:

Father ID #

Mother ID #

Subscribed and sworn to before me this day of , 19

Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the County Court, by written order issued and filed in , authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-16-91, authorizing the marriage of Mark Allen Hayden and Joella Musgrove.

I, Gregory Lee Ratliff (name), certify that on 10-26-91 (date), at New Winchester in Hendricks County, Indiana, (state), and Mark Allen Hayden of Hendricks County Indiana (state), and Joella Musgrove 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 10-26-91.

Signed by: /s/ Gregory Lee Ratliff Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 11-15-91 (date).

Signed Connie Lawson Clerk  
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

No. 561

File 10-16-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Dr. Michael Boothe

**MALE APPLICANT**

Name Darrell First L Middle Stone Last  
Date of Birth 3 Month 1 Day 54 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address P.O. Box 30 Clayton IN 46118 Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1980  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Glen Dale Stone  
(If adopted, list adoptive parents only) Deceased  
Residence of father (if deceased, so state) Deceased  
Birthplace of father (State or foreign country) \_\_\_\_\_  
(b) Full maiden name of applicant's mother June Ellen Harley  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) IN  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Darrell L. Stone Date 10-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Darrell L. Stone  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 16th day of October, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**FEMALE APPLICANT**

Name Jacqueline First M Middle Everman Last  
Date of Birth 8 Month 20 Day 45 Year  
Place of Birth (State or foreign country) Indiana  
Residence Address Road O P.O. Box 30 Clayton IN 46118 Street or R.R. City County State  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 1980  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Drivers License

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Joseph Anthony Har Meyer  
(If adopted, list adoptive parents only) deceased  
Residence of father (if deceased, so state) deceased  
Birthplace of father (State or foreign country) \_\_\_\_\_  
(b) Full maiden name of applicant's mother Vera Marie Gross  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) CA  
Birthplace of mother (State or foreign country) IN

**ACKNOWLEDGMENT**

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Jacqueline M. Everman Date 10-16-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.

Signed Jacqueline M. Everman  
New Address \_\_\_\_\_

Subscribed and sworn to before me this 16th day of October, 19 91  
Connie Dawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk \_\_\_\_\_

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-16-91, authorizing the marriage of Darrell L. Stone and Jacqueline M. Everman. I further certify that the following marriage certificate was filed in my office: I, Richard Clevenger (name), certify that on 11-24-91 (date), at Clayton in Hendricks County, Indiana, Darrell Stone of Hendricks County Indiana (state), and Jacqueline M. Everman of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-24-91. Signed by: /s/ Richard Clevenger Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 12-10-91 (date).

Signed Connie Dawson Clerk  
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

No. 562

File

10-17-91  
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 9-26-91  
Name of Physician John Payne

**MALE APPLICANT**

Name Grant Vincent Powell  
Date of Birth 4 14 58  
Place of Birth (State or foreign country) Richmond, Mi.  
Residence Address 719 Meadow Ln Plainfield, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 90  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Orleans Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children.  
Noble Renee Powell 8 yrs  
Grant Joan Powell 7 yrs  
6. (a) Full name of applicant's father Ronald John Powell  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Greenwood, In.  
Birthplace of father (State or foreign country) Michigan  
(b) Full maiden name of applicant's mother Joan Ann Ottenbacher  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Bloomington, In.  
Birthplace of mother (State or foreign country) Michigan

**FEMALE APPLICANT**

Name Margaret Jane Hamilton  
Date of Birth 2 21 51  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 719 Meadow Ln Plainfield, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 81  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Orleans Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children.  
6. (a) Full name of applicant's father Hubert Thompson Lynch  
(If adopted, list adoptive parents only)  
Residence of father (if deceased, so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Mary Francis Weliver  
(If adopted, list adoptive parents only)  
Residence of mother (if deceased, so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Grant Powell 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Grant Powell  
New Address 719 Meadow Lane, PHD., IN  
Subscribed and sworn to before me this 17<sup>th</sup> day of Oct, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Margaret Hamilton 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Margaret Hamilton  
New Address 719 Meadow Ln. Plainfield, In.  
Subscribed and sworn to before me this 17<sup>th</sup> day of Oct, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-17-91, authorizing the marriage of Grant Vincent Powell and Margaret Jane Hamilton. I further certify that the following marriage certificate was filed in my office: (name), certify that on 10-26-91 (date), at Plainfield in Hendricks County, Indiana, Grant Vincent Powell of Hendricks County Indiana (state), and Margaret Jane Hamilton of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-8-91. Signed by: /s/ Stephen White Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 11-18-91 (date).

Signed Connie Lawson Clerk  
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

No. 563  
File \_\_\_\_\_  
Date of Application 10-17-91

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 10-10-91  
Name of Physician Dr. Barbara Hawk

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>Russell</u> First <u>Dee</u> Middle <u>Knauer</u> Last</p> <p>Date of Birth <u>January</u> Month <u>27</u> Day <u>1966</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>223 E. 278</u> Street or R.R. <u>Clonville</u> City <u>Bloomington</u> State <u>IN</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>	<p>Name <u>Tamela</u> First <u>Jo</u> Middle <u>Haymaker</u> Last</p> <p>Date of Birth <u>August</u> Month <u>7</u> Day <u>1969</u> Year</p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>1805 N. Shiloh Rd.</u> Street or R.R. <u>Indpls.</u> City <u>Hendricks</u> State <u>IN</u></p> <p>Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____</p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____</p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u></p>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Kimberly Kay 3 yrs.</u> <u>Kyle Adam 2 yrs.</u></p> <p>6. (a) Full name of applicant's father <u>Don Ray Knauer</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Rona Jean Pearson</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Jose Vernon Haymaker</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Mary Virginia Kane</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Russell Dee Knauer</u> Date <u>10-17-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) X Signed <u>Russell Dee Knauer</u> in this application is true and correct. New Address <u>1805 N. Shiloh Rd. Indpls IN 46204</u></p> <p>Subscribed and sworn to before me this <u>17th</u> day of <u>Oct.</u>, 19 <u>91</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Tamela J. Haymaker</u> Date <u>10-17-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) X Signed <u>Tamela J. Haymaker</u> in this application is true and correct. New Address <u>SAME</u></p> <p>Subscribed and sworn to before me this <u>17th</u> day of <u>Oct.</u>, 19 <u>91</u> <u>Connie Dawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p>
<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>	<p style="text-align: center;">CONSENT OF PARENTS, PARENT, OR GUARDIAN</p> <p>We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> )</p> <p>Father _____ ID # _____ Mother _____ ID # _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19 _____ _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-17-91, authorizing the marriage of Russell Dee Knauer and Tamela Jo Haymaker. I further certify that the following marriage certificate was filed in my office: I, Bryan Halfaker (name), certify that on 10-19-91 (date), at Avon - 6:00pm in Hendricks County, Indiana, Russell Dee Knauer of Hendricks County Indiana (state), and Tamela Jo Haymaker 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 10-19-91. Signed by: /s/ Bryan Halfaker Youth Minister (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 10-28-91 (date).

Signed Connie Dawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 564

File

10-17-91  
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 9-10-91  
Name of Physician Geraldine A. Danora, M.D.

MALE APPLICANT	
Name	First: Brian, Middle: Keith, Last: Byrd
Date of Birth	Month: 8, Day: 1, Year: 66
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R.: 4037 N. Baker Dr., City: Indianapolis, County: Marion, State: In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. — 6. (a) Full name of applicant's father: Odie D. Byrd (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Tennessee (b) Full maiden name of applicant's mother: Elizabeth Elaine King (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Kentucky	

FEMALE APPLICANT	
Name	First: Lori, Middle: Ann, Last: Jones
Date of Birth	Month: 3, Day: 1, Year: 70
Place of Birth (State or foreign country)	Indiana
Residence Address	Street or R.R.: 2805 Black Rock Rd., City: Ellettsville, County: Hendricks, State: In.
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/> 2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 5. List the full names of any dependent children. — 6. (a) Full name of applicant's father: Norman Lee Jones (If adopted, list adoptive parents only) Residence of father (if deceased, so state): Indiana Birthplace of father (State or foreign country): Kentucky (b) Full maiden name of applicant's mother: Doris Ann Weston (If adopted, list adoptive parents only) Residence of mother (if deceased, so state): Indiana Birthplace of mother (State or foreign country): Virginia	

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Brian K. Byrd 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Brian K. Byrd  
New Address 861 Edgewood Dr., Mooresville  
Subscribed and sworn to before me this 17th day of October, 19 91  
Connie Spawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant X Lori A. Jones 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed X Lori A. Jones  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 17th day of October, 19 91  
Connie Spawson Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**  
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-17-91, authorizing the marriage of Brian Keith Byrd and Lori Ann Jones.  
I, Robert Lewis Burton, further certify that the following marriage certificate was filed in my office: (name), certify that on 10-26-91 in Marion County, Indiana, (state), and 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/ Robert Lewis Burton Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 11-5-91 (date).

Signed Connie Spawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 565<sup>th</sup>

File 10-17-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Michael Neely, M.D.

MALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify) _____				

- Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
- Are you now under the influence of a narcotic drug? No ☐ Yes ☐
- List the full names of any dependent children. Kimberly S. 15

- 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

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.

Signed \_\_\_\_\_

New Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss:  
County of HENDRICKS )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

FEMALE APPLICANT				
Name	First	Middle	Last	
Date of Birth	Month	Day	Year	
Place of Birth (State or foreign country)				
Residence Address	Street or R.R.	City	County	State
Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>2</u>				
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1988</u>				
Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Driver's License</u>				

- Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
- Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
- Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐
- Are you now under the influence of a narcotic drug? No ☒ Yes ☐
- List the full names of any dependent children. David Thorne 18  
William Thorne 16

- Full name of applicant's father Floyd Wendell Geiger  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Indiana  
Birthplace of father (State or foreign country) Ohio
- Full maiden name of applicant's mother Margaret Barton  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Deceased  
Birthplace of mother (State or foreign country) Kentucky

## ACKNOWLEDGMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant Barbara Mae Thorne 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 \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ ) ss: I swear/affirm that the information given  
County of HENDRICKS ) in this application is true and correct.

Signed Barbara Mae Thorne

New Address \_\_\_\_\_

Subscribed and sworn to before me this 17 day of October, 19 91  
Conie Harris Clerk of the HENDRICKS Circuit Court

## CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby 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 )

Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_, authorizing the marriage of \_\_\_\_\_ and \_\_\_\_\_. I further certify that the following marriage certificate was filed in my office: I, \_\_\_\_\_ (name), certify that on \_\_\_\_\_ (date), at \_\_\_\_\_ in \_\_\_\_\_ County, Indiana, \_\_\_\_\_ of \_\_\_\_\_ County \_\_\_\_\_ (state), and \_\_\_\_\_ of \_\_\_\_\_ County \_\_\_\_\_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated \_\_\_\_\_ Signed by: \_\_\_\_\_ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed \_\_\_\_\_ Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 566

File

10-18-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 9-18-91  
Name of Physician Shuffin, M.D.

**MALE APPLICANT**

Name Stanley Matthew Stringfellow  
Date of Birth 12/19/64  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 250 N East St. Plainfield, In.  
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date \_\_\_\_\_  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the female applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_

6. (a) Full name of applicant's father Dick Arnold Stringfellow  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Orsaelle, In.  
Birthplace of father (State or foreign country) Indiana  
(b) Full maiden name of applicant's mother Sheila Pauline Hogner  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Danville, In.  
Birthplace of mother (State or foreign country) Indiana

**FEMALE APPLICANT**

Name Shari Kay Jordan  
Date of Birth 2/1/67  
Place of Birth (State or foreign country) Indianapolis, In.  
Residence Address 14 Elm Dr. Plainfield, In.  
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages \_\_\_\_\_  
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date 87  
Date of birth verified by: ☐ Birth Certificate ☒ Other (Specify) Driver's Lic.

1. Are you now or have you ever been adjudged to be of unsound mind? No ☒ Yes ☐  
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐  
2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐  
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐  
4. Are you now under the influence of a narcotic drug? No ☒ Yes ☐  
5. List the full names of any dependent children. \_\_\_\_\_

(a) Full name of applicant's father Larry Gustav Jordan  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of father (if deceased, so state) Plainfield, In.  
Birthplace of father (State or foreign country) Indiana  
Full maiden name of applicant's mother Marlene Kay Adams  
(If adopted, list adoptive parents only) \_\_\_\_\_  
Residence of mother (if deceased, so state) Plainfield, In.  
Birthplace of mother (State or foreign country) Indiana

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Stanley M. Stringfellow Date 10-18-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Stanley M. Stringfellow  
New Address None  
Subscribed and sworn to before me this 18<sup>th</sup> day of Oct, 19 91  
Connie Lawren Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**ACKNOWLEDGMENT**  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Shari K. Jordan Date 10-18-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Shari K. Jordan  
New Address 250 N. East St. Apt. 110 Plainfield, In. 46168  
Subscribed and sworn to before me this 18<sup>th</sup> day of Oct, 19 91  
Connie Lawren Clerk of the HENDRICKS Circuit Court

**CONSENT OF PARENTS, PARENT, OR GUARDIAN**  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-18-91, authorizing the marriage of STANLEY M. STRINGFELLOW and SHARI K. JORDAN. I further certify that the following marriage certificate was filed in my office: I, DAVID E. LUMPKIN (name), certify that on 11-23-91 (date), at LIZTON in HENDRICKS County, Indiana, STANLEY M. STRINGFELLOW of HENDRICKS County IN (state), and SHARI K. JORDAN of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-23-91. Signed by: /s/ DAVID E. LUMPKIN, MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 12-2-91 (date).

Signed Connie Lawren Clerk  
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

No. 567

File

10-18-91  
Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated 10-14-91  
Name of Physician Charles H. Jigger M.D.

MALE APPLICANT	
Name	First <u>Dayle</u> Middle <u>Robert</u> Last <u>Fields</u>
Date of Birth	Month <u>9</u> Day <u>29</u> Year <u>66</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>245 N. Vine</u> City <u>Ellettsville</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>4-29-91</u>
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Robert Herman Fields</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Arkansas</u></p> <p>(b) Full maiden name of applicant's mother <u>Nancy Marie Flynn</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Darla</u> Middle <u>Sue</u> Last <u>Reeves</u>
Date of Birth	Month <u>6</u> Day <u>22</u> Year <u>72</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City <u>—</u> County <u>—</u> State <u>—</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages <u>—</u>
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>—</u>
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>—</u></p>	
<p>6. (a) Full name of applicant's father <u>Terry Lee Reeves</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Delaware</u> Birthplace of father (State or foreign country) <u>Indiana</u></p> <p>(b) Full maiden name of applicant's mother <u>Linda Kay Philpott</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Dayle R. Fields Date 10-18-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Dayle R. Fields  
New Address 304 N. Lane Rd. Plainfield  
Subscribed and sworn to before me this 18th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Darla S. Reeves Date 10-18-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Darla S. Reeves  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 18th day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-18-91, authorizing the marriage of Dayle Robert Fields and Darla Sue Reeves.  
I, R. Fred Rodkey, further certify that the following marriage certificate was filed in my office: (date), at One-thirty, p.m. - Avon (name), certify that on 11-2-91 in Hendricks County, Indiana, Dayle R. Fields of Hendricks County Indiana (state), and Darla S. Reeves of Hendricks County Indiana (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 11-2-91.  
Signed by: /s/ R. Fred Rodkey Minister (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 11-2-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 568

File

10-18-91

Date of Application

**IC 31-7-9-1. Furnishing false information upon applying for license.**  
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.

Female Applicant 50 No ☒ Yes ☐  
If No, Medical Examination or Report Dated \_\_\_\_\_  
Name of Physician Richard D. Lloyd, MD

MALE APPLICANT	FEMALE APPLICANT
<p>Name <u>John Frank Batic, Jr.</u></p> <p>Date of Birth <u>8</u> <u>10</u> <u>50</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>688 N. 625 E. Danville, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input checked="" type="checkbox"/> Annulment <input type="checkbox"/> Date <u>1-89</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>John Treagay Batic, Nicholas Eugene Batic, Dutcher, Elaine Batic</u></p> <p>6. (a) Full name of applicant's father <u>John Frank Batic, Sr.</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Charlotte Sparrow Shice</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	<p>Name <u>Sandra Lynn Barnes</u></p> <p>Date of Birth <u>2</u> <u>9</u> <u>45</u></p> <p>Place of Birth (State or foreign country) <u>Indiana</u></p> <p>Residence Address <u>111 N. 80. 475 E. Danville, Hendricks, In.</u></p> <p>Previous Marital Status: Never Married <input type="checkbox"/> OR No. of Previous Marriages <u>1</u></p> <p>Last Marriage Ended By: Death <input checked="" type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date <u>2-86</u></p> <p>Date of birth verified by: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u></p> <p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. <u>Allison Daryl Barnes, James Thomas Barnes</u></p> <p>6. (a) Full name of applicant's father <u>James Joseph Merle</u> (If adopted, list adoptive parents only) Residence of father (if deceased, so state) <u>Florida</u> Birthplace of father (State or foreign country) <u>Pennsylvania</u> (b) Full maiden name of applicant's mother <u>Gladys Irene Lighter</u> (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) <u>Florida</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>
<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>John Frank Batic</u> Date <u>10/18/91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ss: _____ County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>John Frank Batic</u> New Address <u>6693 Royal Ln. - Plainfield 46168</u> Subscribed and sworn to before me this <u>18th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> <p>CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>	<p style="text-align: center;">ACKNOWLEDGMENT</p> <p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Signature of Applicant <u>Sandra Lynn Barnes</u> Date <u>10-18-91</u></p> <p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.</p> <p>Clerk of Court _____ Date _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> in this application is true and correct. Signed <u>Sandra Lynn Barnes</u> New Address _____ Subscribed and sworn to before me this <u>18th</u> day of <u>October</u>, 19 <u>91</u> <u>Connie Lawson</u> Clerk of the <u>HENDRICKS</u> Circuit Court</p> <p>CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____</p> <p>State of Indiana _____ ) ss: _____ County of <u>HENDRICKS</u> ) Father _____ ID # _____ Mother _____ ID # _____ Subscribed and sworn to before me this _____ day of _____, 19 _____ Clerk</p>

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-18-91, authorizing the marriage of John Frank Batic and Sandra Lynn Barnes. I further certify that the following marriage certificate was filed in my office: I, H. Thomas Pitcher (name), certify that on 11-3-91 (date), at Danville - Bartlett Chapel in Hendricks County, Indiana, John F. Batic of Hendricks County Indiana (state), and Sandra L. Barnes 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 10-18-91. Signed by: /s/ H. Thomas Pitcher Minister (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



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. 569

File 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 ☐  
If No, Medical Examination or Report Dated 10-4-91  
Name of Physician Michael U. Bizzuto, M.D.

MALE APPLICANT	
Name	First <u>David</u> Middle <u>Alan</u> Last <u>Montgomery</u>
Date of Birth	Month <u>1</u> Day <u>23</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>5008 Avon Rd.</u> City <u>Plainfield</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the female applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>David George Montgomery</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Kentucky</u> (b) Full maiden name of applicant's mother <u>Shirley Jean Woodward</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Indiana</u></p>	

FEMALE APPLICANT	
Name	First <u>Carrie</u> Middle <u>Lea</u> Last <u>Huntsman</u>
Date of Birth	Month <u>9</u> Day <u>21</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>Same</u> City _____ County _____ State _____
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages _____
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date _____
Date of birth verified by:	<input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Other (Specify) <u>Drivers License</u>
<p>1. Are you now or have you ever been adjudged to be of unsound mind? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> If answer is "yes," has the adjudication been removed? No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>2. Are you related to the male applicant closer than second cousin? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>3. Are you now under the influence of an alcoholic beverage? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>4. Are you now under the influence of a narcotic drug? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> <p>5. List the full names of any dependent children. _____</p> <p>6. (a) Full name of applicant's father <u>Alton J. Huntsman</u> (If adopted, list adoptive parents only) _____ Residence of father (if deceased, so state) <u>Indiana</u> Birthplace of father (State or foreign country) <u>Indiana</u> (b) Full maiden name of applicant's mother <u>Phyllis Mae Biggs</u> (If adopted, list adoptive parents only) _____ Residence of mother (if deceased, so state) <u>Indiana</u> Birthplace of mother (State or foreign country) <u>Kentucky</u></p>	

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant David A. Montgomery Date 10-21-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed David A. Montgomery  
New Address Same  
Subscribed and sworn to before me this 21st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  
Signature of Applicant Carrie A. Huntsman Date 10-21-91

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss: I swear/affirm that the information given in this application is true and correct.  
Signed Carrie A. Huntsman  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 21st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
\_\_\_\_\_  
Clerk

**COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.** A marriage license having been refused to the above named parties, the \_\_\_\_\_ County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_ and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

**RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE**

I 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 and Carrie Lea Huntsman. I further certify that the following marriage certificate was filed in my office: I, Rev. Wilfred E. Day (name), certify that on 10-26-91 (date), at Brownsburg in Hendricks County, Indiana, David Alan Montgomery of Hendricks County Indiana (state), and Carrie Lea Huntsman 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 10-26-91. Signed by: /s/ Rev. Wilford E. Day, Catholic Priest (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on 10-29-91 (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court



STATE OF INDIANA  
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 570

File

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 ☐  
If No, Medical Examination or Report Dated 10-14-91  
Name of Physician Michael A. Piggato, M.D.

MALE APPLICANT	
Name	First <u>Brian</u> Middle <u>Scott</u> Last <u>Wagoner</u>
Date of Birth	Month <u>7</u> Day <u>26</u> Year <u>63</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>337 N. Griswold</u> City <u>Indianapolis</u> County <u>Hendricks</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the female applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	
6. (a) Full name of applicant's father	<u>George Randall Wagoner</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Indiana</u>
(b) Full maiden name of applicant's mother	<u>Freda Lee Boincamp</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

FEMALE APPLICANT	
Name	First <u>Julia</u> Middle <u>Ann</u> Last <u>Christian</u>
Date of Birth	Month <u>12</u> Day <u>17</u> Year <u>70</u>
Place of Birth (State or foreign country)	<u>Indiana</u>
Residence Address	Street or R.R. <u>1531 Rushmore Blvd.</u> City <u>Indianapolis</u> County <u>Marion</u> State <u>Ind.</u>
Previous Marital Status:	Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages
Last Marriage Ended By:	Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date
Date of birth verified by:	<input checked="" type="checkbox"/> Birth Certificate <input type="checkbox"/> Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
If answer is "yes," has the adjudication been removed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Are you related to the male applicant closer than second cousin?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
3. Are you now under the influence of an alcoholic beverage?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
4. Are you now under the influence of a narcotic drug?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>
5. List the full names of any dependent children.	
6. (a) Full name of applicant's father	<u>Robert Luther Christian</u>
(If adopted, list adoptive parents only)	
Residence of father (if deceased, so state)	<u>Indiana</u>
Birthplace of father (State or foreign country)	<u>Virginia</u>
(b) Full maiden name of applicant's mother	<u>Connie Ann Newlin</u>
(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state)	<u>Indiana</u>
Birthplace of mother (State or foreign country)	<u>Indiana</u>

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases  
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired  
immune deficiency syndrome).  
Signature of Applicant Brian S. Wagoner Date 10-21-91

The above applicant has objected to verifying by oath or affirmation or signature to the above  
acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Brian S. Wagoner  
New Address \_\_\_\_\_  
Subscribed and sworn to before me this 21st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,  
state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

ACKNOWLEDGMENT  
I acknowledge that I have received information regarding dangerous communicable diseases  
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired  
immune deficiency syndrome).  
Signature of Applicant Julia A. Christian Date 10-21-91

The above applicant has objected to verifying by oath or affirmation or signature to the above  
acknowledgment because of religious beliefs.  
Clerk of Court \_\_\_\_\_ Date \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss: I swear/affirm that the information given  
in this application is true and correct.  
Signed Julia A. Christian  
New Address Same  
Subscribed and sworn to before me this 21st day of October, 19 91  
Connie Lawson Clerk of the HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN  
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,  
state facts which make the consent of the other parent unnecessary \_\_\_\_\_

State of Indiana \_\_\_\_\_ )  
County of HENDRICKS ) ss:  
Father \_\_\_\_\_ ID # \_\_\_\_\_  
Mother \_\_\_\_\_ ID # \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_  
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the  
County \_\_\_\_\_ Court, by written order issued \_\_\_\_\_  
and filed in \_\_\_\_\_, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE  
I 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 Brian Scott Wagoner  
and Julia Ann Christian. I further certify that the following marriage certificate was filed in my office:  
I, Chris J. Cole (name), certify that on 10-26-91  
(date), at Faith Baptist Church - Avon in Hendricks County, Indiana,  
Brian S. Wagoner of Hendricks County Indiana (state), and  
Julia S. Christian 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 10-26-91  
Signed by: /s/ Chris J. Cole Pastor (official designation)  
Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).

Signed Connie Lawson Clerk  
HENDRICKS Circuit Court