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File_	Sept 43, 1992

Circuit Court

No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Last Marriage Ended By: Birth Certificate Other (Specify) Date of birth verified by: No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 No 🗆 Yes 🗌 Il answer is "yes," has the adjudication been removed? Yes 🔲 No D No Yes Yes 🗌 No. No Yes rutman. Susan marie Herrier ACKNOWLEDGMENT ACKNOWLEDGMENT wledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _ I swear/affirm that the information given HENDRICKS HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. County _ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, HENDRICKS ___, authorizing the marriage of _____ DENNIS I. OTTINGER . I further certify that the following marriage certificate was filed in my office: and ROXANNE M. SCHILD _ (name), certify that on __OCTOBER 17, 1992 LEROY PICKERING County, Indiana,_ in HENDRICKS (date), at __DANVILLE _(state), and _ of HENDRICKS County ___ DENNIS L. OTTINGER (state) were married by me as authorized HENDRICKS County_ ROXANNE M SCHILD HENDRICKS County, Indiana, dated 9-22-92 under a marriage license that was issued by the Clerk of the Circuit Court of (official designation) Signed by: /s/ LEROY PICKERING MINISTER (date). Filed and recorded in accordance with the laws of the State of Indiana on_

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 527

Clerk

IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Yes
If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Palet amcc IC 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT Divorce 🔲 Annulment Death 🔲 Divorce 🔲 Last Marriage Ended By: Annulment 🔲 Date Last Marriage Ended By Birth Certificate Other (Specify) irth Certificate Other (Specify) No D Yes 🗌 Yes 🔲 No Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 No Yes ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable acknowledgment because of religious beliefs. CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one pa COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ _ Court, by written order issued __ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE dated 9-22-92
and SHANNON GENE GREGORY _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ SEPTEMBER 26, 1992 I, DAVID LANG COATESVILLE (date), at __ __ County, Indiana,_ IN SEAN MICHAEL CASADY County _ _(state), and _ PUTNAM IN SHANNON GENE GREGORY County_ under a marriage license that was issued by the Clerk of the Circuit Court of _ MINISTER Signed by: /s/ DAVID LANG _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No D Female Applicant 50 Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician 18. Black IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Voca Place of Birth (State or foreign 46203 Never Married OR No. of Previous Marriages Date 1985 Annulment Annulment 🔲 Last Marriage Ended By Date 1967 Death 🗌 Last Marriage Ended By: Birth Certificate Other (Specify) Drivers Date of birth verified by: Birth Certificate Other (Specify) have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No D Yes 🔲 Yes 🔲 Yes 🔲 related to the female applicant closer than second cous Yes 🔲 No Yes 🗌 ow under the influence of an alcoholic boverage? Yes 🗌 No D Are you now under the influence of a narcotic drug? Full name of applicant's father Tromas Guy miller (a) Full name of applicant's father Wallace K. Wynn of father (if deceased, so state) decease c of lather (if deceased, so state) deceased ce of father (State or foreign country) Tennsyu Birthplace of father (State or foreign country) Kentucku no of applicant's mother An St 155 90 malden name of applicant's mother Gertrude! of mother (if deceased, so state) Horida Residence of mother (if deceased, so state) other (State or foreign country) Mass Birthplace of mother (State or foreign country) TN ACKNOWLEDGMENT riedge that I have received information regarding dangerous communicable diseases mation regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given HENDRICKS BROEDWAY day of Sept HENDRICKS con wowson clark of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _County _ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, , authorizing the marriage of ____JOHN G. WYNN . I further certify that the following marriage certificate was filed in my office: ANSTISS C. VORM (name), certify that on SEPTEMBER 25, 1992
HENDRICKS County, Indiana, ROBERT H. GIBBON JR. in_ (state), and _ MARION IN County _ ___ (state) were married by me as authorized County, Indiana, dated ___9-25-92____ ANN VORM HENDRICKS HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ ROBERT H. GIBBON JR. MINISTER (official designation) 10-2-92 (date). Filed and recorded in accordance with the laws of the State of Indiana on. Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 9-22-92 Name of Physician Lee Farm 14. D.
10 31-7-3 commits a class D leiony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle O Lag	Name Persi : Middle Ha Than raell
Date of Birth Day Day LL Year LL 2	Date of Birth Day Year 1
Place of Birth (State or foreign country)	Place of Birth (Stale or foreign country)
Residence Address Street or J. R. Egh County States	Residence Address , Street or R.R. Say County / State
POBAK 311 Fittsbaro, n.	7230NG50E Foraursburg An.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1989	Last Marriage Ended By. Death Divorce Annulmers Date 1992
Date of birth verified by: Birth Certificate Stiner (Specify) Dualis his.	Date of birth verified by: Dirth Certificate Sother (Specify) Musice Sie
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?. No Yes Yes
2. Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note The second cousin? Note The second cousin? Note The second cousin?
Are you now under the influence of an alcoholic beverage? No. Are you now under the influence of a narcotic drug? No. Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	1 1 1
6. (a) Full name of applicant's father Slange C. Chrisman	6. (a) Full name of applicant's father Marris Ray Robbers
(II adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Ala far Annual on	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Brane Mace Baltin
(b) Full maiden name of applicant's mother Sul Sabelle 11) Juille	(b) Full maiden name of applicant's mother (1) Adopted, list adoptive parents only)
(Il adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state). Algeased
Birthplace of mother (State or foreign-country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deliciency syndrome). Signature of Applicacy Date 423/52	immune deliciency syndrome). Signature of Applicant Date 9-23-97
Signature of Applicant Date 4-3 to	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
State of Indiana County of HENDRICKS Ss; I swear/affirm that the information given in this application is true and correct.	State of Indiana) I sweat/ailirm that the information given SS: (in this application is true and correct.
Signed Signed	Signed Jeanie Harrell
New Address 234 1 + 92	Subscribed and sworn to before me this 23 nd day of Sup 4 19 92
Subscribed and sworn to before me this 2311 day of Sept . 1992 Chine News Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 23 nd day of Sept. 19 92 Orice Tawan Clerk of the HENDRICKS Circuit Court
Citin of the	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) **State of Indiana)	State of Indiana) HENDRICKS SS:
County of MENDRICKS	Father ID #
Father	MotherID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clork	Clork
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	zes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
to the standard of the standard by the C	last of the Circuit Court of HENDRICKS County Indiana.
dated 9-23-92 authorizing the marriage of _	JAMES GEORGE CHRISMAN
andJEANNIE ANNETTE HARRELL	I familiar and for that the following marriage certificate was filed in my office:
I, LINDA L. KALLOCK (date), at INDIANAPOLIS	
JAMES GEORGE CHRISMAN of HENDRICKS	County (state), and
JEANNIE ANNETTE HARRELLY HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	MENDRICKS County, Indiana, dated 9-23-92
Signed by: /s/ LINDA L. KALLOCK Filed and recorded in accordance with the laws of the State of Indiana on	ASSOCIATE PASTOR (official designation) 10-28-92 (date).
Thea and recorded in accordance with the laws of the state of Indiana on	1 · · · · · · · · · · · ·
	Signed Conne dawson Clerk
	hendricks Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Yes D Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the MD Name of Physician Onico circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT ried OR No. of Previous Marri rious Marital Status: Never Married Divorce 🔲 Last Marriage Ended By Date 8-92 Divorce Last Marriage Ended By: Death Dirth Certificate Other (Specify) Birth Certificate Other (Specify) No 🖸 No 🖾 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🗌 No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No U No Yes | No Yes | No Yes | Yes 🔲 No 🖸 No 1 Yes Decker. (a) Full name of applicant's father Sinhans + Jew york Residence of father (if deceased, so state) Thew york Beverators Indiana of mother (if deceased, so state). ace of mother (if deceased, so state) Birthplace of mother (State or foreign country)_ Massoure Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases ACKNOWLEDGMENT viedge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given HENDRICKS HENDRICK HENDRICKS . . 19 _ HENDRICKS Connie Town CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued_ _, authorizes and directs the issuance of a marriage license to the above named parties. County _ and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, HENDRICKS . I further certify that the following marriage certificate was filed in my office:

(name), certify that on SEPTEMBER 23, 1992 dated 9-23-92
STEPHANIE J. SPARKS (name), certify that on HENDRICKS CYNTHIA J. SPENCE County, Indiana, DANVILLE (date), at DANVILLE
RICHARD L. DECKER JR. (state), and . IN County (state) were married by me as authorized IN HENDRICKS STEPHANIE J. SPARKS County, Indiana, dated 9-23-92 HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ CYNTHIA J. SPENCE 1ST DEPUTY CLERK _ (official designation) 9-23-92 (date). Filed and recorded in accordance with the laws of the State of Indiana on_ Clerk Signed Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Circuit Court

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes 9-21-92 If No, Medical Examination or Report Dated 9-21-92		
circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Name of Physician		
MALE APPLICANT	FEMALE APPLICANT		
lame 1 First 1 1 Months (Last .	Name S First Middle Stand		
Date of Birth Month 8 24 1 57	Date of Birth (State or foreign country) Place of Birth (State or foreign country)		
Place of Birth (State or loreign country) Macon St. Pasidence Address Street or R.R. City S County & State 3 (Plasiglifico Address & Street or P.P. State		
1/3.35 W. Warkington Park of The Previous Marriages Snaple. In.	Previous Marital Status: Never Married OR No. of Previous Marriages		
Last Marriage Ended By: Death Divorce Annulment Date 1986	Last Marriage Ended By. Death Divorce Annulment Date 1991		
Date of birth verified by: Birth Certificate Quiner (Specify) Musua' Rice	Date of birth verified by: Dirth Certificate Other (Specify) Trules Tic.		
Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes		
. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?.		
Il answer is yes, has the adjustment steer than second course?	2. Are you related to the male applicant closer than second cousin?		
Are you new under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?		
. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?		
List the full names of any dependent children.	5. List the full games of any dependent children. Family Ann Family 13 yrs,		
	Polo + Helines d. Frences		
6. (a) Full name of applicant's father Ouncan Zeine Grain	(Il adopted, list adoptive parents only)		
(II adopted, list adoptive parents only) Residence of lather (if deceased, so state) Office self	Residence of father (if deceased, so state)		
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)		
(b) Full maiden name of applicant's mother Betty Jump	(b) Full maiden name of applicant's mother Alan Susan		
(Il adopted, list adoptive parents only)	(If adopted, list adoptive parents only).		
Residence of mother (il deceased, so state) Marie Kables Ha	Residence of mother (if deceased, so state). Birthplace of mother (State or foreign country).		
Birthplace of mother (State or foreign country)	Dissiplace of months (state of the state of		
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases		
acknowledge that I have received information regarding dangerous communicable diseases	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired		
that are sexually transmitted, and a list of the test siles for the virus that causes AIOS (acquired	that are sexually transmitted, and a list of the test sines for the		
immune deficiency syndromy. A colour H 1 0 Nr 1 Date 9-33-93	immune deliciency syndrome. Pamela K Sture Date 9/23192		
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above		
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Famely & Stone (1800) Date 9/23/91		
State of Indiana State of Indiana HENDRICKS -	State of Indiana) ss: County of HENDRICKS in this application is true and correct.		
sing Michael H. Jehan	Signed Tomola Kaller Box 34 chaple W		
5046,	Gay of State of State of the Care of the C		
Subscribed and sworn to before me this 23 day of MENDRICKS Gircuit Court	Chaire Jawson Clerk of the		
	CONSENT OF PARENTS, PARENT, OR GUARDIAN		
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,		
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary		
State of Indiana)	State of Indiana) ss:		
County of HENDRICKS SS:	County of		
Father ID #	MotherID #		
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19Clerk		
Clerk	The second secon		
	A marriage license having been refused to the above named parties, the Court, by written order issued		
and filed in, author	rizes and directs the issuance of a marriage license to the above named parties.		
RETURN OF MARRIAGE LICE!	NSE AND MARRIAGE CERTIFICATE		
the state of the s	Clark of the Circuit Court of HENDRICKS County, Indiana,		
dated 9-23-92, authorizing the marriage of	I forther carrife that the following marriage certificate was filed in my office:		
and PAMELA KAY STONE	I further certify that the following marriage certificate was filed in my office. SEPTEMBER 23, 1992		
I, CYNTHIA J. SPENCE	. I further certify that the following marriage certificate was filed in my office: (name), certify that on SEPTEMBER 23, 1992 in HENDRICKS County, Indiana,		
MICHAEL II. BERNINGS	County IN (state) were married by me as authorized		
PAPIELA RAI DIONE	County (state) were married 9-23-92		
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	9-23-92 (date).		
	Carrie Tames		
	Signed Circuit Court		

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No d Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Dewa circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Death 🗌 DOTHER (Specify) NAG Yes 🔲 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No . Yes 🗌 is "yes," has the adjudication been removed? No Yes 🗌 Yes 🗆 Yes 🔲 No V Yes Yes 🔲 NACO Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases information regarding dangerous communicable diseases nove applicant has objected to verifying by oath or affirmation The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court I swear/affirm that the information given HENDRICK: HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. County RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE County, Indiana, HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ________, authorizing the marriage of ______ JAMES ROBERT P , authorizing the marriage of ___ JAMES ROBERT POE . I further certify that the following marriage certificate was filed in my office:

(name), certify that on OCTOBER 3, 1992 KRISTINA KAY DAWSON (name), certify that on _ HENDRICKS I, HAROLD L. LEININGER County, Indiana,. BROWNSBURG (date), at _ (state), and IN HENDRICKS County _ JAMES ROBERT POE (state) were married by me as authorized IN HENDRICKS KRISTINA KAY DAWSON County, Indiana, dated 10-3-92 under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ HAROLD L. LEININGER (official designation) 10-6-92 (date). Filed and recorded in accordance with the laws of the State of Indiana on Clerk Signed HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 533

The state of the property of t	HENDI	RICKS County File
23.7-64- Furnishing false information upon applying for license, person who knowingly furnishes false information to a clork of the residence		9-23-92 Date of Application
person who knowingly furnishes also information to a clerk of the person applies to person applies to a marriage ileanes under 231-24 commits a Class D Bioloxy. MALE APPLICANT FEMALE APPLICA		Date of Application
person who knowingly furnishes also information to a clerk of the person applies to person applies to a marriage ileanes under 231-24 commits a Class D Bioloxy. MALE APPLICANT FEMALE APPLICA	C 21 7 0 1 Eurniching false information upon applying for license	Female Applicant 50 No Was D
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MALE APPLICANT Male APPLICANT FEMALE APPLICA		
MALE APPLICANT THE ART OF THE AR		Name of Physician
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The street of the control of the property and the control of the c	Fraklin Co. Siste of C.	Desidence Address 4 - Street or R.D. City 4.4 County / State 4 7
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An approximate for Description Descrip	revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
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The gover the bank placement have members of the placement have members of the placement of		
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And you can't we deep shades of a misting the interest gray and the misting of th	Il alishol to yes, that the deposition of the second of th	2. Are you related to the male applicant closer than second cousin?
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actinonistings that I have received information regarding dangerous communicable diseases the season of the season	The same of the same	Birthplace of mother (State or foreign country)
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State of Indians Digital Of Indi	acknowledgment because of religious beliefs.	
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Subscribed and sworn to before me this		State of indiana
New Address SAME Subscribed and aworn to believe me this MENDRICKS Control of MENDRICKS County of MENDRICKS ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties and filled in County of MENDRICKS and marriage license issued by the Clerk of the Circuit Court of MENDRICKS AND MARRIAGE CERTIFICATE RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties and filled in my office a marriage license issued by the Clerk of the Circuit Court of CHAD ERIC MYARS I LYNN COLEMAN TAMELLA LYNN ALEKSA of HENDRICKS Or HENDRICKS County IN MENDRICKS Or HENDRICKS County IN MENDRICKS County IN (state) and IN MENDRICKS County In Mendric Actal designation)	County of HENDRICKS in this application is true and correct.	County of Co-han
Subscribed and sworn to before me this	aci El St. A- 2	Same
CONSENT OF PARENTS, PARENT, OR GUADDUAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 /	New Address	Subscribed and sworn tembelore me this 23th day of Xunt 19 92
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State of Indiana County of MENDRICKS Subscribed and sworn to before me this day of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
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Complete Notice	county of	
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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the county		
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I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
dated 9-23-92 , authorizing the marriage of CHAD ERIC MIARS and TAMELLA LYNN ALEKSA . I further certify that the following marriage certificate was filed in my office of the Circuit Court of PASTOR . If the following marriage certificate was filed in my office of the Circuit Court of PASTOR . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that the following marriage certificate was filed in my office of the Circuit Court of . If further certify that on . If further certify that the following marriage certificate was filed in my office of . If further certify that on . If further certify that on . If further certify that on . If further certify that the following marriage certificate was filed in my office of . If further certify that the following marriage certificate was filed in my office of . If further certify that the following marriage certificate was filed in my office of . If further certify that on . If further certify that o	I amify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana
I, LYNN COLEMAN (date), at BROWNSBURG (CHAD ERIC MYARS of HENDRICKS County IN (state), and TAMELLA LYNN ALEKSA of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of PASTOR (official designation) I LYNN COLEMAN (name), certify that on HENDRICKS County, Indiana, County, Indiana, County, Indiana, County, Indiana, County, Indiana, dated 10-2-92	1-1-1 9-23-92 authorizing the marriage of	CHAD ERIC MIARS
I, LYNN COLEMAN (date), at BROWNSBURG (CHAD ERIC MYARS of HENDRICKS County IN (state), and TAMELLA LYNN ALEKSA of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of PASTOR (official designation) I LYNN COLEMAN (name), certify that on HENDRICKS County, Indiana, County, Indiana, County, Indiana, County, Indiana, County, Indiana, dated 10-2-92	and TAMELLA LYNN ALEKSA	. I further certify that the following marriage certificate was filed in my offic
CHAD ERIC MYARS of HENDRICKS County IN (state), and TAMELLA LYNN ALEKSA of HENDRICKS County IN (state), and IN (state) were married by me as authoriz under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ LYNN COLEMAN PASTOR (official designation)	I, LYNN COLEMAN	(name), certify that onCIOBER 2, 1992
TAMELLA LYNN ALEKSA of HENDRICKS County IN (state) were married by me as authorize under a marriage license that was issued by the Clerk of the Circuit Court of PASTOR (official designation)	(date), at BROWNSBURG	inIN
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ LYNN COLEMAN PASTOR (official designation)	- The province	TN the state of th
Signed by: /s/ LYNN COLEMAN PASTOR (official designation)	THIBBET BILLY	June June June June June June June June
10 7 02		PASTOR (official designation)
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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 534
File _____

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

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under

Female Applicant 50 No D Yes D

If No, Medical Examination or Report Dated

Name of Physician T. W. T. C.

HENDRICKS

Circuit Court

County

MALE APPLICANT	FEMALE APPLICANT
First Middle, Last	Name Susan Annette Means
Birth Month Day Year	Date of Birth Month Day Year
4 27 74	Place of Dirth (State or foreign country)
of Birth (State or foreign country) TN	The state state
ence Address Street or FLFL City County State	Nesidence Address Street or N.N. City PIFA TN State The County
RR2 Box 136 Contesville IN	Previous Marital Status: Never Married 🖸 OR No. of Previous Marriages
ous Marital Status: Never Married OR No. of Previous Marriages	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □
Harriage Ended By: Death Divorce Annutment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specily)	Date of birth verified by: Birth Certificate Cother (Specify) DC. L1C.
	1. Are you now or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind? No Yes	If answer is "yes," has the adjudication been removed?.
Il answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic boverage? No S Yes	3. Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the minorities of a fine state of the state of th
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Maurice Austin Weir	6. (a) Full name of applicant's lather Respond Lee Means
(a) Full name of applicant's father (it adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) batesville IN	Residence of father (if deceased, so state)
Distributes of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sandra Rae White	(b) Full maiden name of applicant's mother 1 A 11 (II adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state).
Legitaire of House In account	Birthplace of mother (State or foreign country)
Birthplace of mother (State or loreign country)	THE RESIDENCE OF STREET, STREE
ACKNOWLEDGMENT	ACKNOWLEDGMENT
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It are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	immune deficiency syndrome).
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mune deliciency syndrome). We A West Date 9-24-92	Signature of Applicant Yousan A // Lease Date 4-24
e above applicant has objected to verilying by oath or affirmation or signature to the above	Signature of Applicant Y Dusan R / Lucanz Date
nature of Applicant Date 4944 Date Date 4944 D	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swearfalfirm that the information give
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positive of Applicant	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Address Subscribed and sworn to before me this day of September 19 MENDRICKS Clerk of the HENDRICKS Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature to the other parent unnecessary State of Indiana County of HENDRICKS Size of Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana Indiana India
positive of Applicant Part Dougle The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Part of Court The above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date Date Date Date I sweat/affirm that the information given in this application is true and correct. New Address New Address New Address Date I sweat/affirm that the information given in this application is true and correct. New Address Date I sweat/affirm that the information given in this application is true and correct. New Address Date I sweat/affirm that the information given in this application is true and correct. New Address Date Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve. the parents of this applicant, hereby give consent for this marriage. If only one parent signs, late facts which make the consent of the other parent unnecessary State of Indiana Date County of HENDRICKS Sather JO I County of Lick COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County of ARRIAGE LICENSE ISSUED BY ORDER OF COURT. County of ARRIAGE LICENSE ISSUED BY ORDER OF COURT. County of ARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Address Subscribed and sworn to before me this day of HENDRICKS Clork of the HENDRICKS Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature to the other parent unnecessary State of Indiana County of HENDRICKS Size of Indiana Indiana County of HENDRICKS Size of Indiana Indiana County of HENDRICKS Size of Indiana Indiana Indiana Indiana Indiana
pasture of Applicant e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date Date Date I awear/affirm that the information given in this application is true and correct. New Address Signed New Address Octor of the Disconsent of PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana Date County of Date I awear/affirm that the information given in this application is true and correct. Property of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana Date County of Date Circuit Court County of Disconsent of this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary ID /	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of
phalure of Applicant e above applicant has objected to verilying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date Date Date I swearfalfirm that the information given in this application is true and correct. Signed Address New Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Signed Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Sister Of Indiana County of HENDRICKS Signed Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Sister Of Indiana County of HENDRICKS Signed Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary I D #	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Court of HENDRICKS Signed Court of HENDRICKS Clerk of the HENDRICKS County of HENDRICKS Subscribed and sworn to before me this HENDRICKS Clerk of the Jeres of this marriage. If only one parent signature and correspond to the state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sate of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19 County of HENDRICKS Sate of Indiana County of HENDRICKS County, Indiana A marriage license having been refused to the above named particles and directs the issuance of a marriage license to the above named particles of the Circuit Court of HENDRICKS County, Indiana County of HENDRICKS County, Indiana County of HENDRICKS County, Indiana County of HENDRICKS County in this applicant is true and correspondence in this applicant i
phalure of Applicant e above applicant has objected to verilying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date Date Date I swearfalfirm that the information given in this application is true and correct. Signed Address New Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Signed Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Sister Of Indiana County of HENDRICKS Signed Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Sister Of Indiana County of HENDRICKS Signed Address ONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary I D #	Signature of Applicant The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Clerk of the Information is true and corresponding to the parents of this applicant, hereby give consent for this marriage. If only one parent signature of Information is true and corresponding to the state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 19 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 19 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 19 A marriage license having been refused to the above named parties, Court, by written order issued lizes and directs the issuance of a marriage license to the above named parties. ISE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS Ifurther certify that the following marriage certificate was filed in my official that one OCTOBER 10, 1992
pasture of Applicant e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date I awear/affirm that the information given in this application is true and correct. Signed Application is true and correct. New Address ubscribed and sworn to before me this Applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Late of Indiana County of HENDRICKS Signed Applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Late facts which make the consent of the other parent unnecessary Late for Indiana County of HENDRICKS Sattler Low Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. Complete IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Applicant there was filed in my office a marriage license issued by the County Applicant of the marriage of Susan Annette Means Low County of Susan Annette	Signature of Applicant The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Clerk of the Information is true and corresponding to the parents of this applicant, hereby give consent for this marriage. If only one parent signature of Information is true and corresponding to the state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 19 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 19 State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 19 A marriage license having been refused to the above named parties, Court, by written order issued lizes and directs the issuance of a marriage license to the above named parties. ISE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS Ifurther certify that the following marriage certificate was filed in my official that one OCTOBER 10, 1992
positive of Applicant e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Date Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Correct of the HENDRICKS State of Indiana County of HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Consent of Parients, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent significants which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Court, by written order issued lizes and directs the issuance of a marriage license to the above named participles and directs the issuance of a marriage license to the above named participles and directs the issuance of a marriage license to the above named participles and directs the issuance of a marriage license to the above named participles and directs the issuance of a marriage license to the above named participles and directs the issuance of a marriage license to the above named participles and directs the following marriage certificate was filed in my officency in the participles and correctly that on OCTOBER 10, 1992 in HENDRICKS County, Indiana, (state), and
pressure of Applicant are above applicant has objected to verifying by oath or alfirmation or signature to the above annowledgment because of religious beliefs. Date The property of the p	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the Discontinuous of this applicant, hereby give consent for this marriage. If only one parent signature facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Siate of Indiana County of HENDRICKS Subscribed and sworn to before me this day of September 10 y September 1
pasture of Applicant as above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant here of Court of the service of Court of the service of Court of the service of Court of the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary tate facts which make the consent of the other parent unnecessary is at the country of HENDRICKS Subscribed and sworn to before me this day of the County of the Court of the country of the	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signod Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature to the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Together of the Circuit Court of HENDRICKS Lizes and directs the issuance of a marriage license to the above named particles, its and directs the issuance of a marriage license to the above named particles. Lize AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS Lizes and County that the following marriage certificate was filed in my office (name), certify that on OCTOBER 10, 1992 in HENDRICKS County, Indiana, County IN (state) were married by me as authoricated.
pressure of Applicant are above applicant has objected to verifying by oath or alfirmation or signature to the above annowledgment because of religious beliefs. Date The property of the p	Signature of Applicant The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signate Address Subscribed and sworn to before me this Aday of HENDRICKS Consent of Parients, Parient, or Guardiann We, the parents of this applicant, hereby give consent for this marriage. If only one parent situate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sale of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS County, Indiana, (Fatate), and (State), and (State), and (State), were married by me as author. County IN (State), were married by me as author.

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File 9-25-92

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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
Hame Souce Dale Tedwell	Name Marilem Michael Thurers
Date of Birth Month / 2 Day / Year 46	Date of Dirth 3Month Day Year 35
Place of Birth (State or foreign country) gives an sin Ranid 1/18	Place of Dirth (State or foreign country)
Residence Abdress Street or D.R. City County State State	Residence Address Street or R.R. City Califry State
Previous Marital Status: Never Married OR No. of Previous Marriages 27.533	Previous Marital Status: Never Married Off No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1988	Last Marriage Ended Dy. 2 Death A Divorce Annulment Date 1979
Date of birth verified by: Birth Certificate Softher (Specify)	Date of birth verilied by: Dirth Certificate Dother (Specify)
Notate Me.	- Williams Ne
1. Are you now or have you ever been adjudged to be of unsound mind? Not / Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	6 - b.
6. (a) Full name of applicant's father technical Nale Videwell	6. (a) Full name of applicant's father atthem them was
(Il adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of lather (if deceased, so state)
(b) Full maiden name of applicant's mother Berryce Caralyn Chru	stering Full maiden name of applicant's mother Cary Callela Stal
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Ahyrna, Ill.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIOS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deliciency syndromal Beller & France Date 9/25/92	immune deliciency syndrome).
Signature of Applicant Date Date	Signature of Applicant / Carley Control Date 11 201
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS 55: in this application is true and correct.	County of HENDRICKS 55: In this application is true and correct.
Signed Duice V. Malwel	Signed Marily & // (yes
New Address Subscribed and sworn to before me this 25 day of Supt 19 9 2	Subscribed and sworn typbelore me this 25 dk day of Sept . 1922
Charle Laman Clerk of the MENDRICKS Circuit Court	Chanic Town Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana)
County of HENDRICKS	County of
Father ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of 19
Clork	Clork
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in authorize	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clauded 9-25-92, authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana, BRUCE DALE TIDWELL
dated 9-25-92 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I. DR. WILLIAM J. WASSNER	(name), certify that on 9-26-92
(date), atINDIANAPOLIS	inMARION County, Indiana,
BRUCE DALE TIDWELL of WAYNE	County NORTH CAROLINA (state), and
	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ WILLIAM L. WASSNER	MENDRICKS County, Indiana, dated 9-25-92 SENIOR MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	9-29-92 (date).
in accordance with the laws of the state of Indiana on	1 judicy.
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS - SYSTEMS 1-400-382-4702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. <u>536</u>

County File <u>0 - 25 - 92</u>

Date of Application

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

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

	FEMALE APPLICANT
MALE APPLICANT	No Evel Mickile Last
John E Riddle	Date of Birth Month 187 588
of Birth Morth Day 5's	
e of Birth (State or foreign country)	Place of Dirth (State or loreign country)
dence Address Street or R.R. City County State	Residence Address Street or R.R. City County State IN
500 W China ist a balone	Previous Marital Status: Never Married OR No. of Previous Marriages
rious Marital Status: Never Married Off No. of Previous Marriages	Last Marriage Ended By: Death Divorce Annulment Date Q83
Marriage Ended By: Death Divorce Annulment Date 99	
e of birth verified by: Birth Certificate Dother (Specify) Druxers Ucense	Date of birth verified by: Durth Certificate Mother (Specify) Privers Ucense
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes Yes Yes
If answer is "yes," has the adjudication been removed?	Il answer is "yes," has the adjudication been removed?. No. Yes Yes
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? Not Yes
List the full names of any dependent children.	5. List the full names of any dependent children. Denniter, melody Denniter me
(a) Full name of applicant's father bough Riddle	6. (a) Full name of applicant's father Cecil G. Dailey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Cleco Section	Birthplace of father (State or foreign country)
Dishelace of Jather (State or Jorgion Country)	(b) Full maiden name of applicant's mother 2006 . King
(b) Full maiden name of applicant's mother Florence E. Kollings	(Il adopted, list adoptive parents only)
(il adopted, list adoptive parents only) Residence of mother (if deceased, so state) TN	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Dirthplace of mother (State or foreign country) Kentucy
	ACKNOWLEDGMENT
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease.
acknowledge that I have received into the test sites for the virus that causes AIDS (acquired hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deliciency syndrome). Le Relle Date 9-25-92	immune deficiency syndromet while A. Balley Date 9-25-9
Signature of Applicant Oak 27 Country Date	Signature of Applicant Survey Date
State of Indiana County of HENDRICKS Date I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Alica A Bailey Signed Alica A Bailey Signed Alica A Bailey
X Signed	New Address
New Address Subscribed and sworm to before me this day of Subscribed and sworm to before me this MENDRICKS	Subscribed and sworn to before me this
Clork of the MENDRICKS Circuit Court	Como franco Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
	A STATE OF THE PARTY OF THE PAR
State of Indiana) ss:	State of Indiana County of HENDRICKS S5:
County of HENDRICKS	Father 10 f
Father	Mother 10 #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of 19 C
Clerk	The state of the s
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, Court, by written order issued in a marriage license to the above named parties.
and filed in, author	rizes and directs the issuance of a marriage license to the above named parti
RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE
to the standard of the standard in the standard is sued by the	Clerk of the Circuit Court of County, mater
dated 9-25-92, authorizing the marriage of	JOHN E. RIDDLE
	. I further certify that the jollowing marriage certificate marriage and service that on SEPTEMBER 25, 1992
DANUTTIE	in HENDRICKS County, Indiana,
JOHN E. RIDDLE of HENDRICKS	County IN(state), and
	(state) were married by me as authority
under a marriage license that was issued by the Clerk of the Circuit Court	of
Signed by: /S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on.	
rited and recorded in accordance with the laws of the didie of mataria on.	1 . 1
	Signed Conne dawson Cl

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

537

IC 31-7-9-1. Furnishing false information upon applying for license. No b Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician . circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Death 🔲 Divorce 🔲 Dirth Certificate Sther (Specify) Owells Date of birth verified by: Birth Certificate Tother (Specify) No No D Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 🗆 No Yes or is "yes," has the adjudication been removed? No O Yes 🔲 Yes 🗆 elated to the female applicant closer than second cou Yes 🔲 Xes 🗆 No Yes Yes 🔲 ACKNOWLEDGMENT dge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases Undrea Rae Monovan Date The above applicant has objected to vorifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _County __ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-25-92, authorizing the marriage of DARREL LEE HUFF _ County, Indiana, HENDRICKS _ . I further certify that the following marriage certificate was filed in my office:

_ (name), certify that on __SEPTEMBER 26, 1992
_ in _ HENDRICKS __County, Indiana, __ and _ ANDREA RAE DONOVAN I, REV. RONALD E. McDUGLE date), at DANVII DANVILLE County MICHIGAN _(state), and _ WASHTENAW (state) were married by me as authorized HENDRICKS County_ ANDREA RAE DONOVAN HENDRICKS County, Indiana, dated __ MINISTER (official designation)

9-29-92

(date).

HENDRICKS

Clerk Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Female Applicant 50 No D IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce 🔲 Death 🗌 Last Marriage Ended By: Attirth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 wer is "yes," has the adjudication been removed?. No 🗆 / Yes 🗆 If answer is "yes," has the adjudication been removed? No 🗹 / Yes 🗆 No Yes No 19 Yes 🔲 No Yes No Yes ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases 9/25/92 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verilying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued. authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-25-92, authorizing the marriage of SCOTT VINCENT County, Indiana, SCOTT VINCENT REEDER . I further certify that the following marriage certificate was filed in my office: ELAINE MARIE WOLDEN
V. STILES (name), certify that on _ HENDRICKS OCTOBER 10, 1992 (date), at DANVILLE
SCOTT VINCENT REEDER County, Indiana,_ IN (state), and _ HENDRICKS County _ ELAINE MARIE WOLDEN (state) were married by me as authorized HENDRICKS County HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ S. V. STILES County, Indiana, dated _ PASTOR (official designation) 10-13-92 Filed and recorded in accordance with the laws of the State of Indiana on. Clerk **IENDRICKS** Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. <u>539</u>

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

Female Applicant 50 No Yes I

If No, Medical Examination or Report Dated

Name of Physician _____

MALE APPLICANT	FEMALE APPLICANT
Name O Figure A Michile Mass 0000	Name First ' Middle D Last / A
Date of Birth Day Year,	Date of Dirth Month Day Vear 7
Place of Birth (State or loreign country)	Place of Dirth (State or foreign country)
nampa Stake	Maunee, Ohio
Residence Address Super of R.R. City County States on States on	Residence Address Street or R.R. City A. County States. In: 46
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By. Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Author (Specify) Duolis Tie	Date of birth verified by: Oirth Certificate Dother (Specify) An. Lec.
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?.
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes No Yes N	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Note: Yes:
S. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
- CO DA CO : SOCRA DO	NOTE A DE
6. (a) Full name of applicant's father lefton then the clella	(a) Full name of applicant's lather Ollle 70. Fullman
(If adopted, list adoptive parents only)	(Il adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Claberal
(b) Full maiden name of applicant's mother Darathey alma Not	(b) Full maiden name of applicant's mother Bannie Jahns
(If adopted, list adoptive parents only) Uale, BR.	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Washing
ACCUPANT COCKETY	ACKNOWLEDGMENT
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome) 11 1 8 M Well 2892	immune deficiency syndrome).
Signature of Applicant Clypton O V Collette Date 12092	Signature of Applicant Dansielle Stene College Date 10-20-93
	The shows applicant has philested to varifying by eath or affirmation or signature to the shows
The above applicant has objected to verifying by oath or affirmation or signature to the above 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
Consideration and the second s	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swearfalfirm that the information given SS: In this application is true and correct.
County of HENDRICKS A CONTROL OF McClelle this application is true and correct. Signed Classical Of McClelle application is true and correct.	County of MENDRICAS in this application is true and correct. Signed Druceson Anome Cookert
New Address b	New Address Same
Subscribed and sworn to before me this 28 day of Sept. 19 92	Subscribed and sworn to before me this 20 cm day of Oct . 19 9 2
Clerk of the HENDRICKS Circuit Court	Clock of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Wo, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS , 55:	State of Indiana) ss:
Father	County of ID #
Mother	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clark	Clork
COURT FT. IF HARRIST LIGHTER CO.	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the
and filed inauthori	izes and directs the issuance of a marriage license to the above named parties.
	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-20-92, authorizing the marriage of _	
and DRUCILLA IRENE COLBERT I. REV. LARRY JOSEPH JENKINS	. I further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 23, 1992
(date), at BROWNSBURG	(name), certify that on OCTOBER 23, 1992 in HENDRICKS County, Indiana,
CLIFTON ORIN MCCLELLAN of HENDRICKS	County IN (state), and
DEVICE TO THE COLUMN THE MENDETCKC	County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	MINICOPED County, Mainta, talet
Signed by: /s/ REV. LARRY JOSEPH JENKINS	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	10-27-92 (date).
	Can L
AND THE REPORT OF THE PARTY OF	Signed Clerk Clerk
	HENDRICKS Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Female Applicant 50

No X

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COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the above named parties, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-28-92 and LYDIA BETH ELMORE I, WILLIAM R. CLAYTON TED LEE COOMER OF HENDRICKS OF HENDRICKS County Indiana, (state) were marriade by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County Indiana, (state) were marriade by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriade by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriad by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriad by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriad by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-92 PASTOR (official designation)	Price Sawan Clerk of the HENDRICKS Circuit Court	Clork of the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the above named parties, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-28-92 and LYDIA BETH ELMORE I, WILLIAM R. CLAYTON TED LEE COOMER OF HENDRICKS OF HENDRICKS County Indiana, (state) were marriade by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County Indiana, (state) were marriade by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriade by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriad by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriad by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, (state) were marriad by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 10-10-92 PASTOR (official designation)		
State of Indiana County of HENDRICKS Sobscribed and sworn to before me this day of	CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUANUIAN
state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary state of Indians County of HENDRICKS state of Indians County of HENDRICKS Subscribed and sworn to before me this down to before me this d	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent to the parents of this applicant, hereby give consent to the parents of
State of Indiana County of HENDRICKS Subscribed and sworn to before me this		state facts which make the consent of the other parent differences of
county of HENDRICKS South of HENDRICKS Security of HENDRICKS Subscribed and sworn to before me this Subscribed		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County	State of Indiana	HENDRICKS 55.
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of LYDIA BETH ELMORE I, WILLIAM R. CLAYTON RETURN OF MENDRICKS I, WILLIAM R. CLAYTON RETURN OF MENDRICKS County Indiana, (state), and (state),	county of HENDRICKS	County of
Mother	ather10 //	FatherID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County	dother 10 #	Mother
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County	Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this gay or
and filed in	Clerk	A STATE OF THE PARTY OF THE PAR
and filed in		in the inches salured to the above named parties the
and filed in	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been relused to the above hamed parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-28-92 , authorizing the marriage of TED LEE COOMER I further certify that the following marriage certificate was filed in my office: I, WILLIAM R. CLAYTON		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-28-92 , authorizing the marriage of TED LEE COOMER I further certify that the following marriage certificate was filed in my office: I, WILLIAM R. CLAYTON	and filed in, authori	zes and directs the issuance of a marriage license to the above halled parties.
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 9-28-92 , authorizing the marriage of TED LEE COOMER and LYDIA BETH ELMORE . I further certify that the following marriage certificate was filed in my office: I, WILLIAM R. CLAYTON . (name), certify that on OCTOBER 10, 1992 (date), at PLAINFIELD . in HENDRICKS . County IN . (state), and TED LEE COOMER . of HENDRICKS . County IN . (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ WILLIAM R. CLAYTON . PASTOR . (official designation)		
dated	RETURN OF MARRIAGE LICEN	ISE AND MARHIAGE CERTIFICATE UENDRICKS County Indiana
dated	I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of County, Indiana,
And LYDIA BETH ELMORE I, WILLIAM R. CLAYTON (date), at PLAINFIELD TED LEE COOMER Of HENDRICKS County IN LYDIA BETH ELMORE Of HENDRICKS County IN (state), and LYDIA BETH ELMORE Of HENDRICKS County IN (state) were married by me as authorized mendriced by the Clerk of the Circuit Court of PASTOR Signed by: /S/ WILLIAM R. CLAYTON OCTOBER 10, 1992 County, Indiana, (state) were married by me as authorized mendricks County, Indiana, dated 10-10-92 (official designation)	dated 9-28-92, authorizing the marriage of _	TED LEE COOMER
I, WILLIAM R. CLAYTON (date), at PLAINFIELD (date), at PLAINFIELD (of HENDRICKS County IN (state), and LYDIA BETH ELMORE under a marriage license that was issued by the Clerk of the Circuit Court of PASTOR Signed by: /S/ WILLIAM R. CLAYTON (name), certify that on HENDRICKS County, Indiana, (state), and (state), were married by me as authorized IN (state), were married by me as authorized County (official designation)	. TIDIA DEMI ELMODE	I filether certify that the lottowing man take confidence
Clare All Normalian Clayton County In County Indiana, dated 10-10-92 County Indiana, dated 10-10-92 County Indiana, dated 10-10-92 County Indiana, dated 10-10-92 County Indiana	WILLIAM R. CLAYTON	(name) certify that on OCTOBER 10, 1926
TED LEE COOMER of HENDRICKS County IN (state), and LYDIA BETH ELMORE of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of PASTOR (official designation)	DIATMETEID	in HENDRICKS County, materia,
LYDIA BETH ELMORE of HENDRICKS County IN (state) were married by the Country and a marriage license that was issued by the Clerk of the Circuit Court of PASTOR (official designation)	TED LEE COOMER of HENDRICKS	County IN (state), and
Signed by: /s/ WILLIAM R. CLAYTON PASTOR (official designation)	LYDIA BETH ELMORE of HENDRICKS C	County (State) were married by me to and
	under a marriage license that was issued by the Clerk of the Circuit Court	ofCounty, Indiana, dated10-10-92
	Signed by: /S/ WILLIAM R. CLAYTON	, PASTOR (official designation)
PRIPER THE PROPERTY OF THE PROPERTY OF THE STATE OF THE S	Filed and recorded in accordance with the laws of the State of Indiana on_	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. <u>541</u>
File <u>9-29-92</u>
Date of Application

Female Applicant 50 No Yes 1 If No, Medical Examination or Report Dated 9-29-92 Name of Physician Report Dated 9-29-92

County

MALE APPLICANT	FEMALE APPLICANT
lint believed Courtney	Name Sally Jane Grooms
Date of Birth Month Day Day Year 7.3	Date of Birth Month Day 73
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A Street or R.R. (City A Gently A State)	Residence Address Suger or R.R. 29 City County State
40 Day 4 Narth Silem on.	The But to Janestewn, n.
Previous Marital Status: Never Married Off No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Augth Certificate Other (Specify)
Date of birth verified by: Allight Certificate Other (Specify)	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?. No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the man approach about the second and the se
Are you now under the influence of an alcoholic boverage? No	Are you now under the influence of an alcoholic beverager 4. Are you now under the influence of a narcotic drug? Yes
4. Are you now under the influence of a narcotic drug? Not Yes S. List the full names of any dependent children.	5. List the full names of any dependent children.
Clandle V. nertary Turks	Chandler Victoria Courtney 100
	alisti 1 Is some
6. (a) Full name of applicant's father Teng Lynn Caustaly	6. (a) Full name of applicant's father Null M. School Co.
(II adopted, list adoptive parents only)	(II adopted, list adoptive parents only) Periodocce of father (ii deceased, so state) Periodocce of father (ii deceased, so state)
Residence of father (if deceased, so state) Marth Sallen, Sh.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother fane Wendall Le
(b) Full maiden name of applicant's mother days and the state of applicant's mother of the state	(if adopted, list adoptive parents only)
(Il adopted, list adoptive parents only). Residence of mother (if deceased, so state) Indian pulles, In	Residence of mother (if deceased, so state). fragsturn
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	The state of the s
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deliciency syndrome). O + E. Ceutre Date 9-29-92	Signature of Applicant Sally Crown Date 9-29-9
Signature of Applicant Date	Signature of Approxima
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana	State of Indiana) I swearfaffirm that the information gives
State of Indiana) I swear/allirm that the information given county of HENDRICKS in this application is true and correct.	County of
Signed Cart, Courting	Signed Silly V. Grooms
New Address	Now Address Subscribed and sworn to before me this 29th day of Sept. 1992
Subscribed and sworn to before me this day of Subscribed and sworn to before me this day of Subscribed and sworn to be subscribed and subscribed	Subscribed and sworn to before me this 29th day of Sept . 19 92 Counte Lawren Clerk of the HENDRICKS Circuit Counter
Clerk of the	Contract of the Country of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss:
County of	County of ID #
	MotherID #
Mother ID #	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
	is the second to the above named parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authori	zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana
dated 9-29-92 authorizing the marriage of _	CLINT EDWARD COURTNEY
and SALLY JANE GROOMS	I further certify that the following marriage certificate was filed in my office (name), certify that on NOVEMBER 7, 1992
I, KENNETH CALEM	in HENDRICKS County, Indiana,
CLINT EDWARD COURTNEY of HENDRICKS	County IN (state), and
THE TARREST CONTRACTOR OF THE PROPERTY OF THE	jounty IN (state) were married by me as authorize
under a marriage license that was issued by the Clark of the Circuit Court of	County, matana, acrea
Signed by: /S/ KENNETH R. PAQUIN	(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-10-92 (date).
the party of the second of the	
A STATE OF THE STA	Signed One Caroton Cler
	Circuit (

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

No. 542

Date of Application

231-7-9-1. Furnishing false information upon applying for license, person who knowingly furnishes false information to a clerk of the requit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No Ves I If No, Medical Examination or Report Dated 9-9-Name of Physician Archive Court

MALE APPLICANT	FEMALE APPLICANT
- Citat Michile Lasi	Name Carri First ann Arhuvarta
g of Bell Day You L	Date of Dirth Day Your Day
of Birth June Month 13 1956	Place of Dirth (State or foreign country)
ce of Birth (State or foreign country) Louisana	Judland
sidence Address / Street or R.R. // City / County / State	Residence Address Holly Street or R. N. City U. Crawle, Marion In
232 argylic M Mainjula Hunaricas on	Previous Marital Status: Never Martied OR No. of Provious Marriages
ovious Marital Status: Never Married OR No. of Previous Marriages	
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By. Death Divoice Annulment Date
e of birth verified by: Birth Certificate Souther (Specify) Drivers Leciense	Date of birth verified by: Birth Certificate Other (Specify) William XICINSI
	Arc you now or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes No Yes	If answer is "yes," has the adjudication been removed?. No Yes Yes Yes
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
alvin Eugene Marques	6. (a) Full name of applicant's father John August Schwart
(a) Full name of applicant's father	(If adopted, list adoptive parents only)
Desidence of father (if deceased so state)	Residence of father (if deceased, so state) Trollana
Birthplace of father (State or foreign country)	Birthplace of lather (State or loreign country) Tradiana (b) Full maiden name of applicant's mother to the April Strange
(b) Full maiden name of applicant's mother Charles Royella Sharp	(b) Full maiden name of applicant's mother 1997 (II adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state) Lochana
Residence of mother (if deceased, 50 state)	Birthplace of mother (State or foreign country) Indiana
Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome) C. 29.82	Signature of Applicant Ann ann Schwarty Date 4-29-9
ignature of Applicant Sun Englane Magnin Date 2-29.82	/ Signature of Appreciant
the above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verilying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
istate of Indiana) I sweat/affirm that the information given in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Sounds of HENDRICAS in this application is true and control. X Stoned Awar Eugline Manguis	X Signed Jan Churchy
New Address Same	New Address Same day of Subscribed and sworn to before me this 29 day of Subscribed and sworn to before me this 29
Subscribed and sworn to before me this 29 day of 19 day	Subscribed and sworn to before me this day of 1979 Clork of the HENDRICKS Circuit Court
CONNU SUBSCIP Clork of the HENDRICKS Circuit Court	CAT O SALE
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Wo, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS 55:	State of Indiana County of HENDRICKS Ss:
County of HENDRICAS	FatherID #
	MotherID #
Mother	Subscribed and sworn to before me this day of, 19
Clerk	Clo
	A marriage license having been refused to the above named parties th
	A marriage license having been refused to the above named parties, the
cod filed in author	rizes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana
1 1 0 20 02 authorizing the marriage of	BRIAN BILLS
	t continue and for the following marriage certificate was filed in my office
I, REV. JOHN H. HAMER	
(date), at FORT WAINE HENDRICKS	III THEREIN COMMI, MARKET
	County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court	ofCounty, Indiana, dated 9-29-92
Signed by: /s/ REV. JOHN H. HAMER	ASSOC. PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	10-15-92 (date).
	A P
	Signed Cornel awar Cler
	ACMUNICUS C: . C

BOYCE FORMS - SYSTEMS 1-400-342-4702 141

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under	Female Applicant 50 No Yes 1 If No, Medical Examination or Report Dated 9-14-92 Name of Physician Arabica A. Thellee M.D.
31-7-3 commits a Class D felony.	0
	FEMALE APPLICANT
MALE APPLICANT	
ine Speries Marine Skinner	Name Carla Sue Fangmeyer
nte of Birth Month Pay Yoar	Date of Birth Month 7 Day 18 Year 4.5
10, 24, 45	Place of Birth (State or foreign country)
ace of Birth (State or loreign country) Sacramenta, CA	Terre Haute, in.
sudence Address A Street Stree	Residence Address R. Street of R.R. & County County Links
CPTDI-C Manework C., Trungelle	1110 resultant viv.
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
It Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annuirment Date
-/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Date of birth verified by: Birth Certificate Definer (Specify)
e of birth verified by: Birth Certificate Other (Specify)	N/c. NC
	many ages and a second
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
Brian Skinner 17 yrs.	
0 1 101 11.	Caro William T), Ol,
(a) Full name of applicant's father Robert Wayne skinner	6. (a) Full name of applicant's father Carl William Villa
(If adopted, list adoptive parents only)	(Il adopted, list adoptive parents only).
Residence of lather (il deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Disginia Ruth C
(b) Full maiden name of applicant's mother Olra June Alwan	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state) Edwards part
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Distribute of months (oracle of least)
**************************************	ACKNOWLEDGMENT
ACKNOWLEDGMENT	I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
11.	
inmune deficiency syndromes brown w Sk Date 9(30/92)	Signature of Applicant Carlo fue Jangrager Date 9/30/92
signature of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court
	State of Indiana) I swear/affirm that the information given
State of Indiana) ss:	State of Indiana County of HENDRICKS in this application is true and correct.
County of HENDRICKS Signed Sig	Signed Carle fuer Tavgneyer
New Address 1718 Block Oak De. Plonwheld INC	New Address
New Address 110 Bit of New 19 92 4616	Subscribed and sworn to before me this 30 th day of Nept . 19 9 2
Subscribed and sworn to before me this 30 th day of Dept . 19 92 4666 Charle have Clerk of the HENDRICKS Circuit Court	Oranie Jawan Clerk of the HENDRICKS Circuit Court
Clork of the	47,00 .00
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent amosocoty	
State of Indiana)	State of Indiana ss:
County of HENDRICKS ss:	County of HENDRICKS
	Father ID #
MotherID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before the thisClerk	Cler
	to the above gamed parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authori	izes and directs the issuance of a marriage license to the above named parties
PERSON OF MADRIAGE LIGHT	ISE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICEN	Clark of the Circuit Court of HENDRICKS County, Indiana
	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of _	I further certify that the following marriage certificate was filed in my office
andCARLA SUE FANGMEYER	. I further certify that the following marriage certificate was filed in my office
I,R. BRADLEY MILLER	
GREGORY WAYNE SKINNER of HENDRICKS	County IN (state), and County IN (state) were married by me as authorize
CARLA SUE FANGMEYER OF HENDRICKS	HENDRICKS County Indiana dated 9-30-92
under a marriage license that was issued by the Clerk of the Circuit Court of	of
Signed by: /S/ R BRADLEY MILLER	- PASION
Filed and recorded in accordance with the laws of the State of Indiana on_	
an observed the second	signed Connie Lawson Cler
	Signed HENDRICKS Circuit Cour
	Circuit Cour

_Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 544 CNDRICKS County File 9-30-92

HENDRICKS County File 9-30-92

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. No D Yes 🗆 Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT peuling morrie Indiana Death 🔲 Divorce 🔲 Death 🗌 Date of birth verified by: Dirth Certificate Other (Specify) Other (Specify) Date of birth verified by: Birth Certificate No Yes 🗌 No 🗆 Yes 🔲 No 🗆 Yes 🗌 Yes 🗌 No C No 🖸 Yes 🗌 Yes 🔲 No 2 No 🗹 Yes 🔲 Yes 🔲 No Yes 🔲 under the influence of a parcotic drug? Indiana Indiana Indiara Indiara of mother (State or foreign country). Birthplace of mother (State or foreign country) ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to vorifying by eath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court swear/affirm that the information given HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 10, 1992 I, A. W. FARNSWORTH IV County, Indiana,_ in HENDRICKS DANVILLE (date), at DANVILLE
THOMAS ROBERT GREENE (state), and _ HENDRICKS _ County ____ IN County, Indiana, dated 9-30-92 SHANNON MARIE SPURLING of HENDRICKS HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ A. W. FARNSBORTH IV CLERGY (official designation) Filed and recorded in accordance with the laws of the State of Indiana on.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. <u>545</u> File <u>9-30-92</u>

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

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

Female Applicant 50 No S Yes 1

If No, Medical Examination of Report Dated 9-17-92

Name of Physician M. Brathe, H. D.

C 31-7-5 Commits a Class D Tolony.	
MALE APPLICANT	FEMALE APPLICANT
lame A Best Adiodie Last	Name & First . A Mickille O R Last & O
Richard Lee Leser	Date of Dirth Morelly Day Years &
ate of Birth Month // Day / 9 Tea 5-8	8 2.60
tace of Birth (State or loreign country)	Place of Birth (State or foreign country) Indianapales In.
esidence Address P Street or R.B. City County C State	Residence Address & Street or BAYE & State County State
2301 dake Odantein E. On. Intplo.	2301 ance sameres single
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1992
To Maria M. P.	Date of birth verified by: Birth Certificate Quier (Specify) D. Lie
late of birth verified by: Dirth Certificate Dictiner (Specify) W	
1/	Yes -
. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? 1. If answer is "yes," has the adjudication been removed?. No Ves Yes
If answer is "yes," has the adjudication been removed? No Yes Version of the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you related to the termine applicant close that severage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an arcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full games of any dependent children.	5. List the full names of any dependent children. Bushes 4 upo
Kyle Lee Leser 4 yrs.	Brilanna Aug The
M. Palal Hener	6. (a) Full name of applicant's father Don B. Fisher
(a) Full name of applicant's father No. Harpen 11. Western 11.	(Il adopted, list adoptive parents only)
(II adopted, list adoptive parents only) Residence of father (if deceased, so state) Adequapelis n	Residence of father (if deceased, so state)
Birthplace of father (if deceased, so state)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother quality. M. Batter	(b) Full maiden name of applicant's mother Cutta
(II adopted, list adoptive parents only)	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state). Sudeanapales In
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Chiliptoco of months (1995)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a st of the test sites for the virus that causes AIOS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deliciency syndrome)	immune deficiency syndrome).
Signature of Applicage fraction of the first Date 1997	Signalure of Applicant Class Make Valle Control of the Make Valle Cont
The state of the s	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	1 swear/affirm that the information given
State of Indiana 1 swear/affirm that the information given ignifis application is true and correct.	State of Indiana County of HENDRICKS SS: In this application is true and correct.
County of HENDRICKS Signer Backback State State State and correct.	Signed Chin Tiske Buck
New Address Sent A	New Address and sworn to before me this 30 th day of New 1992
Subscribed and sworn to before me this 30 to day of Vere 19 72	Subscribed and sworn to before me this 30 th day of New 1972 Canale Court Clerk of the NENDRICKS Circuit Court
Cornie Tarran Clerk of the HENDRICKS Circuit Court	CHARLE CHIEF CHORK OF THE
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Side ratio miles many and service and serv	The state of the s
State of Indiana) ss:	State of Indiana) HENDRICKS \$5:
County of	County of
Father ID #	Father
Mother ID # Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Subscribed and sworn to before me thisday ofClerk	Clerk
THE RESIDENCE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, author	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE
I carries that there was filed in my office a marriage license issued by the	Clerk of the Circuit Court of HENDRICKS County, Indiana,
authorizing the marriage of	KICHARD BEE BEEEK
EDIN ETCHED DIDVE	I further certify that the following marriage certificate was filed in in Julies.
/ STEVE RUSSELL	(name), certify that on OCTOBER 17, 1992
(date), at INDIANAPOLIS	inMARTON County, Indiana,
	County IN (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	
Signed by: /s/ REV. STEVE RUSSELL	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	10 20 02
	1. 2
	Signed Connel Jawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 9-29-92 If No, Medical Examination or Report Dated 9-29-92 Name of Physician 7). Drygg, H.D.
MALE APPLICANT	FEMALE APPLICANT
Name Prist A Tather & Bullack	Name Olronica Lee Beidler
Date of Birth Day 6. Year 68	Date of Birth Month 9 Day 22 Year 69
Place of Birth (State or foreign country)	Place of Birth (State or toreign country) Lansac City Mo.
Residence Address Street or ByR. A City County State	Residence address & Strong R.R. City & Burnshaus In
Previous Marrial Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married COR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
J N. D	Date of birth verified by: Birth Certificate Sother (Specify)
Date of birth verified by: Birth Certificate General (Specify) N. Juc.	The No. are
	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes No Yes No Yes Yes No Yes No Yes No Yes No N
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? A tre you now under the influence of a parcotic drug? Yes Yes	Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	List the full names of any dependent children.
Carnel Organs Ruller	6. (a) Full name of applicant's father. Paichael George Deed
6. (a) Full name of applicant's father who have the father with the father than the father thas the father than the father than the father than the father tha	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Brunsburg, Ja.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother There many Will
(b) Full maiden name of applicant's mother Alexander Marie (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother / Caraca / Car
Residence of mother (if deceased, so state) Brunshing In.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) The years
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Clerk of the HENDRICKS Subscribed and sworn to before me this left of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this left of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS State of Indiana State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this left of the HENDRICKS Circuit Court Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Subscribed and sworp to before me this day of Det 1992 Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed HENDRICKS Subscribed and sworp to before me this day of Det 1992 Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS
County of	County of
Father	MotherID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
and VERONICA LEE BEIDLER	I further certify that the following marriage certificate was filed in my office:
I, REV. WILFRED E. DAY	(name), certify that on OCTOBER 3, 1992
(date), at BROWNSBURG	_ in _ HENDRICKS County, Indiana,
	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 10-1-92
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	10-7-92 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-382-4702 1477	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 547

HEND	
	10-2-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 19-30-92 If No, Medical Examination or Report Dated 9-30-92 Name of Physician 1. Perlin H.D.
MALE APPLICANT	FEMALE APPLICANT
Name First of August to Past Astein	Name Bets es ann Jayre
Date of Birth Month Day 6 Year 6 (Place of Birth (State or foreign country) Batterielle State Residence Address Seet or R.R. City Opening State 1	Date of Birth Month Day 9 Year 6 2 Place of Birth (State or foreign country) Cincinnatic Ok Residence Address Street or R.R. Birth Dounty State H. Sada
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married AQLNo. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Gother (Specify) An. Lie
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Russell James Reksters (If adopted, list adoptive parents only). Believe III.	6. (a) Full name of applicant's father Small Halmond Jacque (If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother share delight (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 10-2-92	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10/2/87
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Symbol G. Ehr in this application is true and correct. New Address Subscribed and sworn to before me this 2 nd day of 4 nd day of 6 nd day	State of Indiana County of HENDRICKS Signed New Address Signed New Address Subscribed and sworn to before me this 2 nd day of 19
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) County of HENDRICKS SS:
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated	
and BETSY ANN JOYCE	I further certify that the following marriage certificate was filed in my office:
I, CHARLES L. FLORY (date), at BATESVILLE	(name), certify that on OCTOBER 10, 1992 in RIPLEY County, Indiana,
DONALD AUGUST ECKSTEIN of HENDRICKS	County IN (state), and
BETSY ANN JOYCE of MARION Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ CHARLES L. FLORY Filed and recorded in accordance with the laws of the State of Indiana on	PASTOR (official designation) 10-2-92 (date).
	Signed Carrier Lawrence Clark

HENDRICKS

_Circuit Court

No. 548

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL -	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 5-92 If No, Medical Examination or Report Dated 5-92 Name of Physician 2. Alams, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name / A First / Middle / 4/ Last · / L	Name Yn First · Middle P Y
Date of Birth Month pay Years Namelton	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Walash, Un.	Indianapalies In.
2727 Massa Rd / apt / 420 State State	Residence Address Street P.R. Billy County State on.
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
./ ~ .0-	
ate of birth verified by: Birth Certificate Cother (Specify) M. Lw	Date of birth verified by: Birth Certificate Softher (Specify) Dr. Jic.
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Note: Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
Are you now under the influence of an accordic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Thomas Kael Limilton	6. (a) Full name of applicant's father Auderick Louis Leks
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Knanswelle, Sn.	Residence of father (if deceased, so state) Brunshurg In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country);
(b) Full maiden name of applicant's mother athy Is Caf	(b) Full maiden name of applicant's mother Margan Margan T
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Evansaelle, In.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). The property of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date 16-5-92	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Mayori R. Rehse Date 10-592
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court Date
	A STATE OF THE PARTY OF THE PAR
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give SS: in this application is true and corre
ounty of HENDRICKS Signed Anthony Hong this application is true and correct.	County of Maryonie M. Rehar in this application is true and corre
New Address SAME AS ABOVE	Now Address 2727 NASA Ref 1 #1420 Seabowk
ubscribed and sworn to before me this 5 day of Oct , 19 92	Subscribed and sworg to before me this 5 4 day of Qet , 1992
Clerk of the HENDRICKS Circuit Court	Conside Factor Clerk of the HENDRICKS Circuit Cou
DNSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
le, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana	State of Indiana
ate of Indiana) surply of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
ther ID #	FatherID #
other ID #	MotherID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	CI
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authority	zes and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana
ated $10-5-92$, authorizing the marriage of $_$	ANTHONY JOSEPH HAMILTON
	I further certify that the following marriage certificate was filed in my offic
	(name), certify that on OCTOBER 10, 1992
	in HENDRICKS County, Indiana, County TEXAS (state), and
	ounty IN (state) were married by me as authorize
nder a marriage license that was issued by the Clerk of the Circuit Court of	fCounty, Indiana, dated10-5-92
igned by: /s/ REV. VINCENT P. LAMPERT	,PRIEST(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	10-15-92 (date).
	and Carrie Land
	Signed ONNE DEWSON Cler
	HENDRICKS Circuit Cour

Signed by: /s/ TED A. MILLER

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🗆 Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** ried OR No. of Pre Divorce 🖳 Date Death Last Marriage Ended By drevers Vicense No D Yes 🔲 No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗌 Yes 🔲 No 🗌 Yes 🗌 If answer is "ves." has the adjudication been removed? If answer is "yes," has the adjudication been removed? No D Yes 🔲 ted to the male applicant closer than second cousin? Yes 🗌 you related to the female applicant closer than second cousin? No 🖸 Yes 🗌 No Yes Are you now under the influence of an alcoholic beverage? Yes 🔲 No D Are you now under the influence of a narcotic drug? w under the influence of a narcotic drug? List the full names of any dependent children. none Robert Harold Greeson Sr. deceased. Indlana Lexuessee of mother (State or foreign country)___ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. vledgment because of religious beliefs. Date Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS Signed **New Address** day of OCA CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary ____ HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County ___ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, and JUDY MAY LAKAH TAYLOR _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ OCTOBER 24, 1992 ____ (name), certify that on ____ _ in __ HENDRICKS TED A. MILLER (date), at ____AMO _ County, Indiana,_ NORMAN LESLIE GREGORY of HENDRICKS __ County ____ __(state), and _ IN HENDRICKS (state) were married by me as authorized JUDY MAY LAKAH TAYLOR of HENDRICKS County _County, Indiana, dated 10-16-92 under a marriage license that was issued by the Clerk of the Circuit Court of __ PASTOR

10-27-92

_ (official designation)

_ (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 19-22-92 If No, Medical Examination of Report Dated 9-22-92 Name of Physician 19-22-92
MALE APPLICANT	FEMALE APPLICANT
ne Klue matthew Zahn	Name Sterry ann Dickun
te of Birth Month Day Dear	Date of Birth Month Day Year 57
ice of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Address Street or R.R. City D. County D. State	Residence Address Street or R.R. A City DI County DI State
811 Manar Ct., Filingula, on.	of marie Co, ourgest on.
ovious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1987
te of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Y
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Yes Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children
	grane Nicker 1 yro.
(a) Full name of applicant's father Paul Darell Zaln	6. (a) Full name of applicant's father 4
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Juny 2. Spull
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) The state of
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Purply 2. Curtis
(b) Full maiden name of applicant's mother The House of the Control of the Contro	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sullanspalis on	Residence of mother (if deceased, so state) The guild on.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
the above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites or the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. lerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana ounty of HENDRICKS Signed New Address Webscribed and sworn to before me this 5 day of 19 92	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 3 and day of 0 the 192
Chrie Laws Clerk of the HENDRICKS Circuit Court	Carrie Laws Clerk of the HENDRICKS Circuit Cour
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
are lacto which make the content of the color parent ambeddedly	The state of the s
state of Indiana) ss:	State of Indiana) ss:
Stather ID #	Father ID #
Aother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the CladedOCTOBER 25, 1992, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, KEVIN MATTHEW ZAHN
and SHERRY ANN DICKUN RICHARD C. EVERTS	I further certify that the following marriage certificate was filed in my office (name), certify that onOCTOBER 25, 1992
(date), at INDIANAPOLIS	in MARION County, Indiana,
KEVIN MATTHEW ZAHN of HENDRICKS	County IN (state), and
SHERRY ANN DICKUN of HENDRICKS Co.	unty IN (state) were married by me as authorized hendricks County, Indiana, dated 10-5-92
	LOUND INDIANA ACTED TU-J-JZ
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ RICHARD C. EVERTS	
under a marriage license that was issued by the Clerk of the Circuit Court of	UNITY MINISTER (official designation) 10-5-92 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File .

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes U-2-92 If No, Medical Examination of Report Dated 10-2-92 Name of Physician R. Arusell, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Norall Rugene Bedwell	Name Sherry Lynn Garren
Date of Birth Month O Day Year 2	Date of Birth 10 Moort 21 Year 8
Place of Birth (State or foreign country) Terre Haute, In.	Place of Birth (State or foreign country) Centralia III.
Residence Address / Strong or R.R. 88 City County State	Residence Address Burel of R.R. 88 City County Starry
Previous Marital Status: Never Married OR No. of Previous Marriages.	Previous Marital Status: Never Married AOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Kreymond Edward Bedure	ll. (a) Full name of applicant's father Jerry B. Harren
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Clyttalia, III.
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Butha Unudine Corac	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Rickie Lee Advisions
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Tene Asute, In-	Residence of mother (if deceased, so state) Jeve Vaute, S.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test eiter for the virus that causes AIDS (acquired
Signature of Applicant / male & Sedwell Date 15-9	Signature of Applicant July 9. Applicant Date 10/05/92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS) SS: / I in this application is true and correct.
Signed Imale & Bedwell	County of in this application is true and correct.
New Address RR 2 Bor 141 & Coaksville In 160	New Address R.R. & BOX 141 J.V. CatesVIIIe, IN.
Subscribed and sworn to before me this 5th day of 0th 19 92	Subscribed and sworp to before me this 5 day of 0 to 19 92
Clerk of the HENDRICKS Circuit Court	Cornie Saven Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS Ss:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	
andSHERRY_LYNN_GARREN , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
	(name), certify that onOCTOBER_17, 1992
(date), atPRAIRIE CREEK	in VIGO County, Indiana,
DONALD EUGENE BEDWELL of HENDRICKS SHERRY LYNN GARREN of HENDRICKS Con	
under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized County, Indiana, dated 10-17-92
Signed by: /S/ EDDIE MYERS	MINISTER
Filed and recorded in accordance with the laws of the State of Indiana on	10-20-92 (date).
	Carrie Land
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

I, the REV. WILLIAM P. HENDRICKS

of__ HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of
Signed by: /s/ the REV. WILLIAM P. HENDRICKS

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

HENDRICKS County

(date), at INDIANAL W. GUMMER

DIANA L. STRONG

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🗆 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Dr. Stroud IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Diana summer Divorce Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) rivers yearse ucense rivers Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🔲 If answer is "ves." has the adjudication been removed? If answer is "ves." has the adjudication been removed? Yes 🗌 Yes 🔲 Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. List the full names of any dependent children. (a) Full name of applicant's father Richard in Gummer Full name of applicant's father WIIIIam E. Strong (If adopted, list adoptive parents only)_ Birthplace of father (State or foreign country) MICHIGAN len name of applicant's mother Shirley J Sutton ther Margret J ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court _ HENDRICKS HENDRICKS X Signed Plana New Address 635 Summons Placed. In 46168 d and sworn to before me this 54 day of 0ct , 19 92 Subscribed and sworn to before me this Carrie dawson Clerk of the Come down Clerk of the Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ___ County of ____ HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ County ____ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of _______RICHARD W. GUMMER DIANA L. STRONG ____. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on __OCTOBER 24, 1992

in MARION

IN

MINISTER

HENDRICKS

_ County ___ IN

____ County, Indiana,

__(state), and _

_ (official designation)

_ (state) were married by me as authorized

_ Clerk Circuit Court

_County, Indiana, dated 10-5-92

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 553

HEND	outly
	10-6-92 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 9-21-92 If No, Medical Examination or Report Dated 9-21-92 Name of Physician S. Heeger 2.0
MALE APPLICANT	FEMALE APPLICANT
and albert the Richer	Name Patou Last Whiste
ate of Birth Month 8 Day 2 Year 4	Date of Birth Mogh // Day /9 Pear 52
Tace of Birth (State or foreign country) Indunipalis, In	Place of Birth (State or foreign country) mumic Al.
963 apt D Haiwork On, Plunfield In	963 apt D Pinewood On. Startlergiels
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 9 7 1
ate of birth verified by: Birth Certificate Gother (Specify) Dr. Lie.	Date of birth verified by: Birth Certificate Sother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes Y
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Pres	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children	5. List the full names of any dependent children.
William a. Kickey 16 yra	
(a) Full name of applicant's father William H. Richey	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Pasemary a. Silen	(b) Full maiden name of applicant's mother Unginia J. Murphy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Thursday Un.	Residence of mother (if deceased, so state) Shilling Parks
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted med a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant Allert Kickey Date 10-6-92	Signature of Applicant Salary & Whyde Date 10-6-97
	The share and the share the state of the share to the share
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
ate of Indiana I swear/affirm that the information given series to the information given seri	State of Indiana County of HENDRICKS State of Indiana Second of HENDRICKS State of Indiana I swear/affirm that the information given in the property of the
Signed Allufle Kickey	Signed Matter & Whyde.
New Address Same	New Address Same.
Ascribed and sworp to before me this 6 th day of Oct , 19 92 Mail Laws Clerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this 6 th day of QCt., 19 92 Charief acosa Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
ther ID #	Father ID #
ther ID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the C and $\frac{10-6-92}{}$, authorizing the marriage of ${}$	terk of the circum court of
nd PATSY G. WHYDE	I further certify that the following marriage certificate was filed in my office:
THOMAS E. ALSIP	(name), certify that on NOVEMBER 14, 1992
	inHENDRICKSCounty, Indiana,
	County IN (state), and county IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	UENDDICKE
igned by: /s/ THOMAS E. ALSIP	, JUDGE, PRO TEM (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	11-19-92 (date).
	1
	Signed Chrie Carron Clerk
	HENDRICKS Circuit Court

DENISE RENEE COULOMB

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗵 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Tables IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Coulomb 6311 1013 Dr. Never Married Never Married OR No. of Previous Marriag Previous Marital Status: Last Marriage Ended By: Death Divorce Annulment Date Annulment Other (Specify) Birth Certificate Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗌 Yes 🔲 No 🔯 No 🗆 Yes 🔲 No 🗌 Yes 🔲 Yes 🔲 No K Yes 🔲 No D Yes 🔲 NoV Yes 🔲 No No Yes No 🛛 Yes 🔲 so state) Danville ce of mother (if deceased, so state) Johnson of mother (if deceased, so state) Brownsburg Birthplace of mother (State or foreign country)___ mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana Subscribed and sworn to before Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County __ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ______ dated _____10-6-92 ______, authorizing the marriage of _____ GREGORY RAY YOUNG HENDRICKS _ County, Indiana, and DENISE RENEE COULOMB . I further certify that the following marriage certificate was filed in my office: I, JOHN P. ROOF (name), certify that on OCTOBER 17, 1992
HENDRICKS County, Indiana. (date), at DANVILLE
GREGORY RAY YOUNG _ County, Indiana,_

_ County ____ MARION

10-20-92

_ County ___

HENDRICKS

HENDRICKS

EPISCOPAL PRIEST (official designation)

_(state), and _

(state) were married by me as authorized County, Indiana, dated 10-6-92

Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🏿 If No, Medical Examination or Report Dated Name of Physician A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Jame. riannalt Never Married Never Married OR No. of Previous Marriage Date 1990 Death Annulment Date 1990 Last Marriage Ended By: Last Marriage Ended By: Drivers Licens-e Date of birth verified by: Birth Certificate Yes 🔲 No.N Yes 🔲 Yes 🔲 If answer is "yes," has the adjudication been removed? No DK Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 List the full names of any dependent children. (a) Full name of applicant's father Domes E HOSKINS (If adopted, list adoptive parents only)_ Residence of father (if deceased, so state) _____ or foreign country) Kentucky nt's mother_LINDIA L (b) Full maiden name of applicant's mother Velma of mother (if deceased, so state) Kentucku Residence of mother (if deceased, so state) IN Birthplace of mother (State or foreign country). ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant Diana & Woodh The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs Date 10-6-92 Clerk of Court Clerk of Court HENDRICKS Signed Duana & weeden New Address 1566 9, 300 E. DANVILLE Find 46122 and sworp to before me this day of Otto 1990 Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, DIANA L. WOODEN ___. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ OCTOBER 10, 1992 I. ELD. CLYDE E. SHEPHERD _ (name), certify that on ___ HENDRICKS (date), at ____BROWNSBURG _ County, Indiana,_ of_ HENDRICKS JAMES E. SPEARS, JR. IN _(state), and _ DIANA L. WOODEN IN HENDRICKS ___ (state) were married by me as authorized .County, Indiana, dated 10-10-92 _ County_ HENDRICKS

MINISTER

10-13-92

(official designation)

Clerk Circuit Court

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

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

Signed by: /s/ ELD. CLYDE E. SHEPHERD

HEATHER IRENE HIESTON of___

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of
Signed by: _/s/ REV. RICHARD E. KURTH ,]

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

IN

PASTOR 11-3-92

HENDRICKS

(date).

__ County ___

(state) were married by me as authorized

Circuit Court

_County, Indiana, dated 10-31-92

_ (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated circuit court when the person applies for a marriage license under Name of Physician . IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marriage Divorce Annulment Divorce D Last Marriage Ended By: Death Annulment Last Marriage Ended By: Birth Certificate Other (Specify) ☐ Birth Certificate ☐ Other (Specify) No Yes No D No 🗆 Yes 🔲 No 🗌 Yes 🔲 No Yes 🗌 No Yes 🗌 No Yes No P Yes 🗌 No Yes NOD Yes 🔲 List the full names of any dependent children **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases acknowledgment because of religious beliefs. Clerk of Court State of Indiana . 19 92 Correldanson HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of ______ GERALD DANIEL RITTER HEATHER IRENE HEISTON ___. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____OCTOBER 31, 1992
____ in ___ MARION ____ County, Indiana, ____ I, RICHARD E. KURTH INDIANAPOLIS _ County, Indiana,_ of_HENDRICKS GERALD DANIEL RITTER _ County _ IN _(state), and _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

557

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 10-1-92 Name of Physician McLul Przysto, MD
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Date of Birth Date of Birth Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address A W. Vernant St., Brannsburg, In. Previous Marital Status: Never Married OR No. of Previous Marriages	Name Presidence Presidence
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Cother (Specify) Dr. Lica	Date of birth verified by: Birth Certificate Author (Specify) On. Lie.
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Rechard Meal McLaed (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 Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father David Woodson Association (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 Aduthann Derkey (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the visus that eaches AIDS (acquired mune deficiency syndrome). Date 0-7-9	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Control of Applicant Co
ne above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Park 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
sate of Indiana Punty of HENDRICKS Signed Same as In this application is true and correct. New Address Addr	State of Indiana County of HENDRICKS Signed Wardon Handricks New Address Haw Vermont Brownsburg Subscribed and sworn to before me this 7th day of Oct 1922 Chrund aussin Clerk of the HENDRICKS Circuit Count
ONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate of Indiana) ss: bunty of HENDRICKS) ther ID # other	State of Indiana)
ubscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued ces and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of, STEVEN T. REEVES, at	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, DOUGLAS EDWARD MCLOED I further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 24, 1992 in HENDRICKS County, Indiana, County IN (state), and
	ounty IN (state) were married by me as authorized
	Signed Cornie Lawson Clerk HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

Date of Application

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

Name of Physician Sage. Physician Section 1981

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

MALE APPLICANT	FEMALE APPLICANT
me First Middle Last	Name First Middle Last
e of Birth Mack Henry Stone Tr.	Date of Birth Month Day Year
6 2 45	7 6 67
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1546 Moor Rd. PIFA IN	12 Stevens Dr. PIfd IN
ious Marital Status: Never Married D OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
to birth verified by. Brith certificate Apolite (specify PY, L10.	Date of birth verified by: Birth Certificate Coner (Specify) DV, L1c.
	The state of the s
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No ▼ Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
Are you now under the influence of a narcotic drug? No X Yes	4. Are you now under the influence of a narcotic drug? No X Yes 5. List the full names of any dependent children.
List the full names of any dependent children.	5. List the full frames of any dependent children.
(a) Full name of applicant's father Mark Henry Stone Sr.	6. (a) Full name of applicant's father Kermit Eugene Jullivan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (If deceased, so state) Clautin 10
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother 2/1/2 Washalene Ande
(b) Full maiden name of applicant's mother Julian Jean Young	
(If adopted, list adoptive parents only) Residence of mother (if deceased so state) \$\frac{1}{2}\lambda \tau \tau \tau \tau \tau \tau \tau \ta	(If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Lanton To
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Bittipace of motier (State of foreign country)	Sharpass of motion (state of rooting) sound)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). My 142 L	immune deficiency syndrome). Washard xullya
gnature of Applicant X Dutch of Sutto Date	Signature of Applicant X II WWWW AWWW Date
	V
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs. erk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed & That Them f	Signed CTT WWW. SWLLVV
New Address bscribed and sworn to before me this 8 day of Det , 1992	New Address Subscribed and sworn to before me this 8 day of Oct. 19 92
bscribed and sworm to before me this day of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
Clerk of the Count	CHILDRY CHILD
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana) WENDRICKS SS:
unty of HENDRICKS	County of
herID #	Father ID #
therID #	MotherID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before the this
Cierk	PATER AND ADDRESS OF THE PATER AND ADDRESS OF
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
MARSHA A SIII.I.TVAN, damorizing me marriage of	
PAUL H. BOWEN	I further certify that the following marriage certificate was filed in my office:
CDEENCA COLL P	in PUTNAM County, Indiana.
MACK H. STONE, JR. of HENDRICKS	
MARCHA A CHILITUAN HENDRICKO -	County IN (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	the state of the s
gned by: /s/ PAUL H. BOWEN	, SENIOR PASTOR (official designation)
led and recorded in accordance with the laws of the State of Indiana on_	10-8-92 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No.

File _

County

person who knowingly furnishes false information upon applying for license. person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗆 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician
, or , o committee a class of island,	
MALE APPLICANT	FEMALE APPLICANT
Tichard Narman Catter	Name Julia ann Catellier
of Birth Month Day 5- Year 460	Date of Birth Month 5 Day 15 Year 51
of Birth (State or foreign country)	Place of Birth (State or foreign country) In Manager State In .
dence Address Street or R.R. City County State	Residence Address Street, or R.R. City County State
42 merica propes proceeds.	Previous Marital Status: Never Married OR No. of Previous Marriages
ious Marital Status: Never Married OR No. of Previous Marriages	
Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1983
of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Souther (Specify) Dr. Juc.
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Notifyes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? Yes
Are you related to the remaile applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Yes	3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	Heilard Cattolier 13 ms.
(a) Full name of applicant's father Arthur Lerry Cattley	6. (a) Full name of applicant's father Tref Rady
(a) Full name of applicant's rather (b) Council (lif adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alcased	Residence of father (if deceased, so state) The field, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Sherley a. Tarener	(b) Full maiden name of applicant's mother Polity
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **The deceased of the d	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
ignature of Applicant Charon Steep Date 10-9-92	Signature of Applicant Successful Date 10-9-
Y	
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs. Clerk of Court Date
swear/affirm that the information given in this application is true and correct. Signed Charle U Clear	State of Indiana County of HENDRICKS Signed Julia Catellar Signed Julia Catellar
New Address SAME	New Address SAME
subscribed and sworn to before me this 94 day of OUT , 19 92	Subscribed and swore to before me this day of day of Clerk of the HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana)	State of Indiana)
ounty of HENDRICKS ss:	County of HENDRICKS ss:
ther ID #	Father ID #
other ID #	Mother ID # Subscribed and sworn to before me this day of, 19
bscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
中心中心,但是一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的一个人的	Supplied the contract of the property of the p
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
nd filed in authoriz	res and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl	
certify that there was filed in my office a marriage license issued by the Cl	
certify that there was filed in my office a marriage license issued by the Cl ated, authorizing the marriage of and	I further certify that the following marriage certificate was filed in my office: (name), certify that on
certify that there was filed in my office a marriage license issued by the Cl ated, authorizing the marriage of nd	I further certify that the following marriage certificate was filed in my office: (name), certify that on in County, Indiana,
certify that there was filed in my office a marriage license issued by the Cl ated, authorizing the marriage of nd , at at of	I further certify that the following marriage certificate was filed in my office: (name), certify that on in County, Indiana,
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of and, authorizing the marriage of late), at of of Co	I further certify that the following marriage certificate was filed in my office: (name), certify that on in County, Indiana,
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of, authorizing the marriage date), at of con con con con	I further certify that the following marriage certificate was filed in my office: (name), certify that on in County, Indiana,
certify that there was filed in my office a marriage license issued by the Cl ated, authorizing the marriage of nd , authorizing the marriage of attemption, at of of of	I further certify that the following marriage certificate was filed in my office: (name), certify that on
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of ate), at	I further certify that the following marriage certificate was filed in my office: (name), certify that on

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Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 9-6-92 If No, Medical Examination or Report Dated 9-6-92 Name of Physician K. D. Aleman, M. D.
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Month Day Year 47 Place of Birth (State or foreign country) Residence Address Street or R.R. Sity 4	Name Stissen Date of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R. B. Gity Gunly State State Street or R. B.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1991 Date of birth verified by: Birth Certificate Other (Specify) Dr. Luc.	Last Marriage Ended By: Death Divorce Annulment Date 1979 Date of birth verified by: Birth Certificate Super (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? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes
List the full names of any dependent children. Cynthia Pakinson 16 yrs.	5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only). Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndroms). Date 10-9-92	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the abo acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Doved Robins New Address 10050 Madallion Do Truply TV 46211 Subscribed and sworedo before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 9 to the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS
Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Clerk of the HENDRICKS Circuit Col CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
State of Indiana)	State of Indiana State of Indiana) State of Indiana) State of Indiana) State of Indiana) State of Indiana
County of	County of
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of and	erk of the Circuit Court of HENDRICKS County, Indiana DONALD RAY ROBINSON I further certify that the following marriage certificate was filed in my office.
date), at BROWNSBURG DONALD RAY ROBINSON of MARION	(name), certify that on11-7-92 in HENDRICKS
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ STEVE REEVES	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-10-92 (date).

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

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No. _

<u>HEND</u>	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 19-29-92 If No, Medical Examination or Report Dated 9-29-92 Name of Physician 2. Example 19-29-92
MALE APPLICANT	FEMALE APPLICANT
Name Jamma P Middle Last	Name Keinsherly Middle allen
Date of Birth Month 2 2000 (Yes	Date of Birth Month Day 9 Year 7 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. Cit/O County State	Residence Address Street R.R. / City Sounty State
71. 1. Day 41/ Clayton, In.	Total By 411 Chaylon, on
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) D1. Tic.	Date of birth verified by: Sirth Certificate Sother (Specify) Nr. Tuc
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? Not Yes Yes Yes Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? Not yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? Not Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Aug. Suce Case 2 yrs
1 1 1	Jacob Ray Casely 3 mgs.
6. (a) Full name of applicant's father January Tay Casely Su	6. (a) Full name of applicant's father allegation R. allen
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Session	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Clayton
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Maryle Sue Castelow (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother allowing Tank
Residence of mother (if deceased, so state) Irensum School, II.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Clauston
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Cosyl Date 10-9-92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given SS:
Signed Jermmy (Ceally).	County of HENDRICAS in this application is true and correct.
New Address Subscribed and sworn Obefore me this 92	New Address
Subscribed and sworm Obefore me this	Subscribed and sworm to before me this 97 day of act, 1998 Christian Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
AotherID #	Father ID # Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT OF	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
lated 10-9-92 , authorizing the marriage of	
REV. GEORGE PURNELL	I further certify that the following marriage certificate was filed in my office: (name), certify that onOCTOBER 10, 1992
date), atDANVILLE	in HENDRICKS County, Indiana,
	County IN (state), and IN (state) were married by me as authorized
NAME AND ALLEN OF HENDRICKS Counter a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ REV. GEORGE PURNELL	,
Filed and recorded in accordance with the laws of the State of Indiana on	10-14-92 (date).
	Signed Consie Lawson Clerk
	Signed — Clerk HENDRICKS Gircuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

Circuit Court

Female Applicant 50 Yes No 🗆 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician __ W. S. Thacu circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Indiaxo Never Married [X] Death 🗌 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) No 🗹 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗌 Yes 🗌 Yes 🔲 No 🗹 Yes 🗌 No Yes No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children (a) Full name of applicant's father_ Malaina In deara Birthplace of mother (State or foreign country) Judiana Birthplace of mother (State or foreign country) Indiasa ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court October HENDRICKS HENDRICKS We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign arents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
dated 10-9-92 authorizing the marriage of STEVEN EDWARD BUNDY dated 10-9-92 , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name) certify that on NOVEMBER 7, 1992 and GLENDA JO RUNNELLS
I, LEONARD W. FREDERICK (name), certify that on _ HENDRICKS (date), at CLAYTON STEVEN EDWARD BUNDY County, Indiana, HENDRICKS County _ _(state), and _ GLENDA JO RUNNELLS HENDRICKS IN County_ _ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of ___ County, Indiana, dated 11-7-92 , ASSOCIATE PASTOR (official designation) Signed by: /s/ REV. LEONARD W. FREDERICK 11-23-92 Filed and recorded in accordance with the laws of the State of Indiana on

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>969</u>
<u>HEND</u>	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Managery Yes I If No, Medical Examination or Report Dated Name of Physician Robert Heavin
MALE APPLICANT	EEMALE APPLICANT
Name First Middle Last	FEMALE APPLICANT Name First / Middle Last
Charles Walter Hunter Date of Birth Month Day Year	Date of Birth Victoria tlane theth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	CJ.
16405 Eypress Mulch Er. Tanga F) 33624 0000	Residence Address Present of R.R. City Phd County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 4 89'	Last Marriage Ended By: Death Divorce Annulment Date 9.28.30
Date of birth verified by: Birth Certificate Stother (Specify)	Date of birth verified by: Birth Certificate Nother (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father watter thanks Hunter (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 was thanks Bunks (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 Raymond West Tr. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Locates ville TN Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Lois Tune Weak' (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Locates ville TN Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
	Date
State of Indiana County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Lictoria E County of I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this day of Det., 19 92 Clerk of the HENDRICKS Circuit County
CONSENT OF PARENTS, PARENT, OR GUARDIAN	Circuit Court
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
ather ID # Another ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issueds and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cleri	k of the Circuit Court of
ated 10-12-92, authorizing the marriage of	CHARLES WALTER HUNTER
CYNTHIA J. SPENCE	. I further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 12, 1992
date), atDANVILLE	in HENDRICKS County, Indiana
VICTORIA RIANE ETTEMM A HENDDICKO	County FLORIDA (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS (state) were married by me as authorized HENDRICKS County, Indiana, dated 10-12-92
ligned by: /s/ CYNTHIA J. SPENCE Tiled and recorded in accordance with the laws of the State of Indiana on 1	1ST DEPUTY CLERK (official designation)

____ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Yes Female Applicant 50 No 🗷 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Browns hong IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No Yes If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes 🗌 No Yes No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. Full name of applicant's father Russell M. aleckard (a) Full name of applicant's father waltes **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Date 10/14/92 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court _ I swear/affirm that the information given State of Indiana State of Indiana County of____ HENDRICKS . Dockard Signed Jeans Adomo St. B'burg SN 4/6/12 Signed New Address 245 N. HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, ___. I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on ____OCTOBER 24, 1992
_____ in __HENDRICKS _____ County, Indiana. and JEANNE ANN DECKARD

I, S. V. STILES (date), at ____DANVILLE of__HENDRICKS IN _(state), and _ JEFFERY ALLEN HUNT County _ (state) were married by me as authorized IN JEANNE ANN DECKARD HENDRICKS County_ _ of_ HENDRICKS _County, Indiana, dated 10-14-92 under a marriage license that was issued by the Clerk of the Circuit Court of _ PASTOR Signed by: /s/ S. V. STILES (official designation) 10-27-92 Filed and recorded in accordance with the laws of the State of Indiana on_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1917-92 If No, Medical Examination or Report Dated 9-17-92 Name of Physician 1 Stegensley 7.D.
MALE APPLICANT	FEMALE APPLICANT
Name David Warren Medle	Name Series Official Plans
Date of Birth Month Day 4 Year 9	Date of Birth Month & Day 2 Year 7 2
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address System or R.R. Of City & County 4 - State In Co	Residence Address Street or R.R. CAD County/ Synte
Previous Marital Status: Never Married OR No. of Previous Marriages	Rt Dry 85 Crattwelle In.
	Previous Marital Status: Never Married OR No. of Previous Marriages
- V to lia	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) O. T.C.	Date of birth verified by: Slinth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes 1. Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
10000	
6. (a) Full name of applicant's father Philip Ruyene Flex	6. (a) Full name of applicant's father gessee W. Leice
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Carmel, Jn.	(If adopted, list adoptive parents(only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Chrisie Lee Jarplee	(b) Full maiden name of applicant's mother Elsie May Suiter
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (if deceased, so state) 704 744. Service . Se	Residence of mother (if deceased, so state) Challenge (if deceased, so state)
Bittipace of money (state or loreign country).	Birthplace of mother (State or foreign country)
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-14-92	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Signature of Applicant Date 10-14-92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
Signed Same	Signed Stenda M. Traegra
Subscribed and sworn sobefore me this 14 bt day of Oct 19 92 Chrul Accord Clerk of the HENDRICKS Circuit Court	New Address 77/8 logged Club Sa. Apt J. Indy Subscribed and sworn to before me this 14 day of Oct 1992 Cancel hairs Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage, If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	DAVID WARREN NEAL
REV. RANDY J. WARDWELL, JR.	. I further certify that the following marriage certificate was filed in my office: (name). certify that on OCTOBER 18, 1992
(date), atDANVILLE	(name), certify that onOCTOBER 18, 1992 inHENDRICKS County, Indiana,
DAVID WARREN NEAL of MARION	County IN (state), and
GLENDA MAY PIERCE of HENDRICKS Co	untyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ REV. RANDY J. WARDWELL, JR.	County, Indiana, dated 10-14-92
Filed and recorded in accordance with the laws of the State of Indiana on_	10-20-92 (date). (official designation)
	1.0
	Signed Connel Lawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	10-15-92 Date of Application
21.7.0.1 Eurojohing folos information unas canbina facilisada	Formula Applicant 50
person who knowingly furnishes false information to a clerk of the rouit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated Name of Physician Harry Hovall, M.A.
MALE APPLICANT	FEMALE APPLICANT
Last Western Wessell	Name Argelea Middle Last Markley
of Birth Month Bay Year 2 16 1951	Date of Birth Month Day Year 1955
ce of Birth (State or foreign country) Midlana	Place of Birth (State or foreign country)
Bloy Redge Hell Way Plain will Hendring Indian	
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1989
of birth verified by: Birth Certificate Tother (Specify) Driver's License	Date of birth verified by: Birth Certificate Fother (Specify) Diwas, Livense
Are you now or have you ever been adjudged to be of unsound mind? No Yes	
If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you now under the influence of an electrolic housespace?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No P Yes P	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Mare C. Wessel	6. (a) Full name of applicant's father Lawry O. Markley
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Residence of father (if deceased, so state) Dillasel Birthplace of father (State or foreign country) Intillase	Residence of father (if deceased, so state) Addison
(b) Full maiden name of applicant's mother Reloa S. Patton	(b) Full maiden name of applicant's mother Distance V. Billionan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Williams
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Massachuatts
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
above applicant has objected to verifying by bath or affirmation or signature to the above owledgment because of religious beliefs.	immune deficiency syndrome). Signature of Applicant X Charles Jun Markley Date 10-15-9. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
above applicant has objected to verifying by beth or affirmation or signature to the above applicant because of religious beliefs.	Signature of Applicant X Charles Jun Markley Date 10-15-90. The above applicant has objected to verifying by oath or affirmation or signature to the above
above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Is swear/affirm that the information given in this application is true and correct. Signed & Welliams Supervised Super	immune deficiency syndrome). Signature of Applicant X Chrotics Fun Moultey The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X Chrotics Fun Mouktury Date I swear/affirm that the information given in this application is true and correct.
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs. of Court	immune deficiency syndrome). Signature of Applicant X Charles Jun Moulday Date 10-15-9. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed X Arana Jun Moulday New Address Sane as Rome New Address Sane as Rome
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs. To f Indiana The Signed August Augus	immune deficiency syndrome). Signature of Applicant X Chrotics Fun Moulday Date 10-15-9. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS SS: in this application is true and correct. New Address Same as above Subscribed and sworn to before me this 15 day of Belshin 19 92
above applicant has objected to verifying by both or affirmation or signature to the above owledgment because of religious beliefs. of Court	immune deficiency syndrome). Signature of Applicant X Charles Sun Markley Date 10/5 A The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS SS: in this application is true and correct in this application is true and correct New Address Sune as above Superiored and sworn to before me this 15 day of County 19 92 HENDRICKS HENDRICKS
above applicant above applicant above overifying by both or affirmation or signature to the above overledgment because of religious beliefs. To f Court Date To f Indiana The MENDRICKS Signed Above application is true and correct. Signed Above application is true and correct. New Address Same affirmation or signature to the above overledgment because of religious beliefs. To f Indiana The MENDRICKS Signed Above application is true and correct. New Address Same affirmation or signature to the above overledgment because of religious beliefs. The Mendrick Signed Above application is true and correct. Signed Above application is true and correct. Signed Above application is true and correct. The Mendrick Signed Above application is true and correct. Signed Above application is true and correct. The Mendrick Signed Above application is true and correct. Signed Above application is true application is true and correct. Signed Above application is true application	immune deficiency syndrome). Signature of Applicant X Christian Multiply Date 10-15-9. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS SS: in this application is true and correct in this application is true and correct Signed X Arabical State Office April 15 day of Clerk of the HENDRICKS Circuit Court Court Consent Of Parents, Parent, Or Guardian
above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs. To for Indiana The of In	Signature of Applicant X Chrotics Fun Moultry The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X Fundame Fundame New Address Same as Above Subscribed and sworn to before me this 15 day of Petrolic James Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana
above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs. Is swear/affirm that the information given in this application is true and correct. Signed & Mellians Green and Correct. New Address Same as House Clerk of the HENDRICKS Scribed and sworn to before me this Oay of PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, or facts which make the consent of the other parent unnecessary The findiana of the other parent unnecessary services and the other parent unnecessary services. The findiana of the other parent unnecessary services and the o	immune deficiency syndrome). Signature of Applicant X Chadras Sun Moultry The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X Sun Sun Sun Mouktry New Address Sun as Research for this application is true and correct. Subscribed and sworn to before me this 15 day of Medical 19 92 Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signature of Applicant As County of HENDRICKS Sequence 10-15-42 Sequence 10-15-42 I swear/affirm that the information given in this application is true and correct. Aday of Medical 19-12 Circuit Court
above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed **MENDRICKS** New Address **Sure afficient** New Address **Sure afficient** Out of LeCotta** Clerk of the **HENDRICKS** Circuit Court SENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana **Indiana** Out of Indiana** Out of India	immune deficiency syndrome). Signature of Applicant X Chadras Sun Moultry The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X Sun Sun Sun Moultry I swear/affirm that the information given in this application is true and correct. New Address Sun as Ristore Subscribed and sworn to before me this 15 day of MESSUN, 19 92 Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS SS:
above applicant has objected to verifying by owth or affirmation or signature to the above ownedgment because of religious beliefs. To of Court	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed X Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Signed X Subscribed and sworn to before me this of the other parent unnecessary State of Indiana County of HENDRICKS Signed X Subscribed and sworn to before me this oday of 10 # Mother 10 # Subscribed and sworn to before me this oday of 10 # Subscribed and sworn to before me this oday of 19
above applicant Date Date	immune deficiency syndrome). Signature of Applicant X Christian Subscribed and sworn to before me this state facts which make the consent of the other parent unnecessary Date
above applicant has objected to verifying by onth or affirmation or signature to the above applicant has objected to verifying by onth or affirmation or signature to the above applicant has objected to verifying by onth or affirmation or signature to the above applicant because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed **AULILIANS** Application is true and correct. New Address **Same afficient on the information given in this application is true and correct. New Address **Same afficient on the information given in the parent to before me this application is true and correct. SEENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana) as: Of In	Immune deficiency syndrome). Order Jun Moulley Signature of Applicant X Orders Jun Moulley The above applicant has objected to verifying 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 Sure As Park Moulley New Address Sure as Day Mouley Subscribed and sworn to before me this 15 day of Medical 19 92 Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Sate of Indiana County of HE
above applicant	immune deficiency syndrome). Signature of Applicant X Charles Sun Mouley Date 10-15-96. The above applicant has 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 Signed X ANALLS SUMPLES OF THE ALL OF THE APPLICATION OF THE
above applicant Date O-15-93 above applicant Date O-15-93 above applicant Date O-15-93 above applicant Date O-15-93 above applicant has objected to verifying by onth or affirmation or signature to the above nowledgment because of religious beliefs. I swear/affirm that the information given Date Date Be of Indiana I swear/affirm that the information given In this application is true and correct. Signed MENDRICKS Date Date Date New Address Date Date	Immune deficiency syndrome). Signature of Applicant
nature of Applicant Application Strue and correct Application Strue and corr	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X New Address Clerk of the HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this 15 day of MENDRICKS Clerk of the HENDRICKS Clerk of the Other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk County of HENDRICKS County of 19 Clerk Count
nature of Applicant Association of Applicant Date Association of Applicant Date Applicant Date Application of Application	Immune deficiency syndrome). Signature of Applicant X Drubus Jun Mouldly The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X Drubus Jun Moukly New Address June as It swear/affirm that the information given in this application is true and correct. Signed X Drubus June New Address June as It was a proper in this application is true and correct. Subscribed and sworn to before me this Is day of Western June CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Clerk The ADD MARRIAGE CERTIFICATE The ADD MARRIAGE CERTIFICATE The Circuit Court of HENDRICKS County, Indiana, ILLIAM JEFFREY WESSEL If further certify that the following marriage certificate was filed in my office: (name), certify that on OCTOBER 31, 1992
above applicant has objected to verifying by both or affirmation or signature to the above nowledgment because of religious beliefs. In above applicant has objected to verifying by both or affirmation or signature to the above nowledgment because of religious beliefs. In above applicant has objected to verifying by both or affirmation or signature to the above nowledgment because of religious beliefs. It is wear/affirm that the information given in the parent of this marriage. If only one parent signs, or facts which make the consent of the other parent unnecessary in the parent of the parent of the other parent unnecessary in the parent of the parent of the other parent unnecessary in the parent of the parent of the other parent unnecessary in the parent of the parent of the other parent unnecessary in the parent of the parent of the other parent unnecessary in the parent of the other	Immune deficiency syndrome). Signature of Applicant X Dustre Jun Moulty The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed X Junior Junior New Address Junior Clerk of the HENDRICKS Subscribed and sworn to before me this Joday of Clerk of the HENDRICKS State of Indiana County of HENDRICKS Clerk of the HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of Mental Me

Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 567

Circuit Court

Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Follos Labs I circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT fer morris Indiana Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) License Date of birth verified by: Birth Certificate Other (Specify) License rivers Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🔲 If answer is "yes," has the adjudication been removed? Yes 🔲 Yes 🗌 Are you related to the female applicant closer than second of Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug?

List the full names of any dependent children. (a) Full name of applicant's father George A morris Full name of applicant's father Thomas V. Spesard (If adopted, list adoptive parents only)_ Birthplace of father (State or foreign country) Kentucky ner (State or foreign country) XII (b) Full maiden name of applicant's mother mary Low Bennett ne of applicant's mother Morthal, maket Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Kentucku **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana 800 North North Selem IN 4/6/65 correst auson Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County ____ ____, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ___. I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on __OCTOBER 17, 1992
____ in ___ HENDRICKS ____ County, Indiana, and __JENNIFER L. SPESARD FRANK BUNN (date), at ___ NEW WINCHESTER TODD B. MORRIS IN HENDRICKS _ County _ _(state), and _ ___ (state) were married by me as authorized .County, Indiana, dated 10-15-92 HENDRICKS __ County __ IN JENNIFER SPESARD _ of___ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of MINISTER (official designation) Signed by: /s/ FRANK BUNN Filed and recorded in accordance with the laws of the State of Indiana on 10/20/92(date).

No. 566

County

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Larry Lovall, M.D.
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	Name Ardela Herr Markley
ate of Birth Welliam Styfrey Wester	Date of Birth Month Day Year
2 26 1951	Place of Birth (State or foreign country)
lace of Birth (State or foreign country) Tradizion	Indina
Esidence Address Sirent or R.R. City County State State State	Residence Address Street or R.R. City County State Sta
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1989
tate of birth verified by: Birth Certificate String Specify Driver's Riverse	Date of birth verified by: Birth Certificate Fother (Specify) Drivers Aircase
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes N	3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓ 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓
. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Mule C. Wessel	6. (a) Full name of applicant's father Laevay O. Mackley
(a) Full name of applicant's father THUCE C. CUCSULE (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased.	Residence of father (if deceased, so state) Indiana
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indiana Sillman
(b) Full maiden name of applicant's mother Holes Tr. Patton	(b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Massachusetts
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Compared the cause AIDS (acquired principles of the virus that causes AIDS (acquired principles of Applicant AID) Date 10-15-93	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Applicant Date 10-15-1
the above applicant has objected to verifying by bath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed & Welliam Sephry Was Signed & Welliam Seph	State of Indiana County of HENDRICKS Signed X Andrea Fern Markley I swear/affirm that the information give in this application is true and correct the supplication is true and correct the supplication in the supplication is true and correct the supplication in the supplication is true and correct the supplication in this application is true and correct the supplication in this application is true and correct the supplication in this application is true and correct the supplication in this application is true and correct the supplication in this application is true and correct the supplication in this application is true and correct the supplication in the supplication in the supplication is true and correct the supplication in the supplication in the supplication in the supplication is true and correct the supplication in the suppl
New Address Sand aff full Subscribed and sworn to before me this and sworn to be a subscribed and sworn to b	Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Same as Cotton Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Same as albane Subscribed and sworn to before me this 15 day of Delata 19 92
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	Subscribed and sworn to before me this
Subscribed and sworn to before me this day of LECTIL 19 92 CIER of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana (State of Indiana) SS:	New Address Sime as Address Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Sime as above Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Sime as Address Subscribed and sworn to before me this
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Sime as Address Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Sime as Interest Aday of Pelskii 19 92 Subscribed and sworn to before me this 5 day of Pelskii 19 92 Clerk of the HENDRICKS Circuit Co CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana) ss: County of HENDRICKS) ss: Father
SUBSCRIBED AND SUBSCRIBED BY ORDER OF COURT. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY of MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COUNTY OR MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Subscribed and sworn to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana Countly of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A country fill that there was filed in my office a marriage license issued by the Cledated 10-15-92 ANDREA FERN MARKLEY	New Address Science as Total Subscribed and sworn to before me this
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Subscribed and sworn to before me this	New Address Science as Total Subscribed and sworn to before me this
Subscribed and sworn to before me this	Subscribed and sworn to before me this
State of Indiana Country of HENDRICKS Clerk Country of HENDRICKS Clerk Clerk Clerk Clerk Country of HENDRICKS Clerk Clerk Clerk Clerk Country of HENDRICKS Clerk Country of HENDRICKS Clerk Clerk Clerk Clerk Clerk Clerk Country of HENDRICKS Clerk Cle	Subscribed and sworn to before me this

_ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 567

_Circuit Court

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Follos Lobs Tro
MALE APPLICANT	FEMALE APPLICANT
Name First Might Date of Birth Might Mi	Date of Birth (State or foreign country) Total Garage of Birth (State or foreign country)
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date ate of birth verified by: Birth Certificate Other (Specify) Druces License	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) (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 Thomas V. Spesard (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Thomas Birthplace of father (State or foreign country) This is adopted, list adoptive parents only) Residence of mother (if deceased, so state) The Birthplace of mother (State or foreign country) This is adoptive parents only).
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndroms). Date 10 - 15 - 92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-15-92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed New Address Subscribed and Sylvorn to before me this Clerk of the Clerk of the I swear/affirm that the information given in this application is true and correct. Subscribed and Sylvorn to before me this Clerk of the Circuit Court	State of Indiana County of HENDRICKS Signed Permitter of South North Solem In this application is true and correct. New Address 8044 W R 800 North North Solem In the Solem
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana) ss: County of
Clerk	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated, authorizing the marriage of and, JENNIFER L. SPESARD	PODD B. MORRIS I further certify that the following marriage certificate was filed in my office:
	in HENDRICKS County, Indiana, County IN (state), were married by me as authorized
JENNIFER SPESARD of HENDRICKS Co. under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ FRANK BUNN Filed and recorded in accordance with the laws of the State of Indiana on	(State) Were married by the control of
	Signed Connie Lawson Clerk HENDRICKS Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 1950 Annulment Last Marriage Ended By: Date 1990 Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes 🔲 No 🗆 Yes 🔲 related to the female applicant closer than second con Yes 🗌 No Yes Yes 🗌 No Yes Yes 🔲 Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana Crane gustom Clerk of the Circuit Court HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County ___ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 10-15-92 JAMES OWEN EARLES dated 10-15-92

GLENDA JOYCE AYERS _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office: and GLENDA JOYCE AY
I, R. BRADLEY MILLER _ (name), certify that on _ HENDRICKS PLAINFIELD (date), at PLAINFIEL JAMES OWEN EARLES _ County, Indiana, IN HENDRICKS _ County _ _(state), and _ GLENDA JOYCE AYERS HENDRICKS IN County_ under a marriage license that was issued by the Clerk of the Circuit Court of _ HENDRICKS PASTOR Signed by: /s/ R. BRADLEY MILLER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ 10-27-92

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes 16-14. 92
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 10 1774
sircuit court when the person applies for a marriage license under	Name of Physician
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
ame If First AMiddle A Gast	Name Parth Ama Sabeauchi
ate of Birth Day Year	Date of Birth Month Day, Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Jeffersmoelle, In.	Residence Address 2 / Street or R.R. Ocity Ocunty State
1007 Ness St. Herfield In.	212 Wayside Dr. Hungueld, In.
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married As No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Cartificate Dother (Specify) Dr. Lie.
Are you now or have you ever heen adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes Yes
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
Are you now under the influence of a narcotic drug? No Yes L List the full names of any dependent children.	List the full names of any dependent children.
61 . l. 4 . 11: 1. 1	6. (a) Full name of applicant's father Ben Sakaguchi
(a) Full name of applicant's father Auctive Vicantia Colly (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Nauth Judson, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Ladra Pais Spoor
(b) Full maiden name of applicant's mother There feine community	(b) Full maiden name of applicant's mother (lift adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) North Juden .
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
ignature of Applicant Lineage Print Carlos Date 10-16-92	Signature of Applicant (Bethamm Jakagerdicate 10/16/
ignature of Applicant 101 978	
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
cknowledgment because of religious beliefs. Date	Clerk of Court Date
tate of Indiana I swear/affirm that the information given ss: I puts application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS SS: The this application is true and correct.
Signed Survey Loud Tules	Signed Beth Hom Jakaguchi
New Address 212 Wayside for Plantiels To	New Address Sime Subscribed and sworn to before me this 16 to day of Oct 1992
ubscribed and sword to before me this 16 at day of 19 9 2 HENDRICKS Circuit Court	Subscribed and sworn to before me this 16th day of QCT , 1992 Charie Dawson Clerk of the HENDRICKS Circuit Court
Oleik Ol Ille	
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
ate facts which make the consent of the other parent offnecessary	
tate of Indiana) ss:	State of Indiana) HENDRICKS SS:
ounty of HENDRICKS	County of
ather ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Ciera
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedizes and directs the issuance of a marriage license to the above named parties.
and filed in, authori	izes and unects the issuance of a marriage needs to the above named parties.
	ISE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana, GREGORY BRENT ECCLES
lated 10-16-92 , authorizing the marriage of _	
REV. TIMOTHY A. ENGEL	I further certify that the following marriage certificate was filed in my office: (name), certify that onOCTOBER 17, 1992
(date), atNORTH_JUDSON	in STARKE County, Indiana,
GREGORY BRENT ECCLES of HENDRICKS	County
BETH ANN SAKAGUCHI of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 10-16-92
Signed by: /s/ REV. TIMOTHY A. ENGEL	, LUTHERAN MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	Signed Cornie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No 🗷 Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated

Name of Physician Ne Clark A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of birth verified by: Birth Certificate Other (Specify) No Yes 🔲 Yes 🗌 No 🗆 No [Yes 🔲 Yes 🗌 r is "yes," has the adjudication been removed? Yes 🔲 Yes 🗌 Yes 🗌 Yes 🗌 Yes 🔲 Haymand C. Wooden JR ner (if deceased, so state) \$605 E. SOON - Brownshing of father (State or foreign country) Marion Co Indiana reign country) Myssisseppi (State or foreign country) Hera Mussissuspe ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS HENDRICKS Signed Dynons & Wooden day of Oct , 19 92 day of OCI 1992 HENDRICKS same Jameson _ Circuit Court _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County ___ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, __. I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on __OCTOBER 16, 1992
__in __HENDRICKS ___ County, Indiana,____ I, CYNTHIA J. SPENCE (date), at DANVILLE RAYMOND E. WOODEN DANVILLE _ County, Indiana,_ HENDRICKS County _ _(state), and _ HENDRICKS LYNDA A. EVANS ___ (state) were married by me as authorized _______County, Indiana, dated _______10-16-92 County ___ HENDRICKS 1ST DEPUTY CLERK (official designation)

10-19-92

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

__ (date).

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 571

HENDRICKS County File		
	10-16-92 Date of Application	
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves If No, Medical Examination or Report Dated, 10-12-92 Name of Physician 4, Medical Examination of Physician 4, Medical Examination or Report Dated, 10-12-92	
MALE APPLICANT	FEMALE APPLICANT	
Name First	Name First Anddie Cast Cast	
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Residence of mother (State or foreign country)	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	
State of Indiana County of HENDRICKS Signed Editroic Johnson Subscribed and sworn to pefore me this Ite day of HENDRICKS Cubscribed and sworn to pefore me this Ite day of HENDRICKS Circuit County Clerk of the HENDRICKS Circuit County Clerk of the HENDRICKS Circuit County Clerk of the County Clerk of	State of Indiana County of HENDRICKS Signed ON Marcon Heigh County of Signed New Address Subscribed and sworn to Defore me this Lot day of Cert 1992 Chance New Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
State of Indiana) County of	State of Indiana) ss: County of	
	A marriage license having been refused to the above named parties, the	
	es and directs the issuance of a marriage license to the above named parties.	
I certify that there was filed in my office a marriage license issued by the Cladated 10-16-92, authorizing the marriage of and TAMARA JAY KEETON I, KEITH H. KIRK (date), at PLAINFIELD EDWARD LEWIS GRIMES of HENDRICKS TAMARA JAY KEETON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ KEITH H. KIRK Filed and recorded in accordance with the laws of the State of Indiana on	EDWARD LEWIS GRIMES I further certify that the following marriage certificate was filed in my office: (name), certify that onOCTOBER 23, 1992 in HENDRICKS County, Indiana, County IN (state), and unty IN (state) were married by me as authorized	
BOYCE FORMS * SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court	

Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>572</u>
<u>HEND</u>	Soundy The
	10-16-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician William Edward, M. D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Miggle Dast	Name Tanara Leigh De Mott
Date of Birth Month Day Year 1964	Date of Birth Month Gay Year 1972
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Residence Address Street or R.R. City County Street or R.R. Plaine will Herdriches Mallina	Residence Address Street or B.g. City County State State 144 Dardon St., Plainfield Henfrips, Indiana 46
144 Tordox Dr. Flaving IIIA, Headrigs, Malino Previous Marital Status: Never Married OR No. of Previous Marriages OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sorter (Specify) Drivelly Recense	Date of birth verified by: Birth Certificate Other (Specify)
Difference -	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No ID Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Masox S. Roller	6. (a) Full name of applicant's father Erxest & De Mott
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Midlina	Residence of father (if deceased, so state) Tholland
Birthplace of father (State or foreign country) Kextucky (b) Full maiden name of applicant's mother Wiliquia a. Burdise	Birthplace of father (State or foreign country) Mountain (b) Full maiden name of applicant's mother Quinary L. Mil
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Yndiana	Residence of mother (if deceased, so state) Judiana
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Andiene
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test still for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-16-92	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 10-16-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) / Sweat laffirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS, ss:	County of HENDRICKS ss: The hand this application is true and correct.
New Address Same as above	New Address Same as above
Subscribed and sworn to before me this 16 day of October 19 92	Subscribed and sworp to before me this
Corcuit Court Court Court	Countin Factorson Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) 58:
County of HENDRICKS	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of andTAMARA LEIGH DEMOTT	WAYNE SCOTT ROLLER
I, J. BRADLEY HORNER	I further certify that the following marriage certificate was filed in my office: (name), certify that onOCTOBER_24, 1992
(date), atINDIANAPOLIS	_ inMARION County, Indiana,
WAYNE SCOTT ROLLER of HENDRICKS	County IN (state), and
TAMARA LEIGH DEMOTT of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorized from HENDRICKS County, Indiana, dated 10-16-92
Signed by: /s/ J. BRADLEY HORNER	,PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	10-27-92 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

523

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 10-15-92 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name host First unabout fast	Name Dina First Luna Shinard
Date of Birth Month Day Year	Date of Birth Month Day Treat
Date of Birth November 30 1966	July 19 1970
Place of Birth (State or foreign country) **Xousana**	Place of Birth (State of Toreign confintry)
Residence Address Street or RASS Revision County County Stafe On	Residence Address Street or R.P. City Loukty Country Country
	102 11 Sharane Se Haravelli Allanacka Sir
Previous Marital Status: Never Married OR No, of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Livers	Date of birth verified by: Birth Certificate Sther (Specify) Drivers Kurnsu
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children. CALLETTE LY LOOPE LACOMO 1 1/2 LINO
6. (a) Full name of applicant's father Asher michael Smith	6. (a) Full name of applicant's father Robert Edward Shepard
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Luc Carol Stuvett	(b) Full maiden name of applicant's mother Sull Sul Sontoon
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 1900/92	Signature of Applicant (ICA) Support Date 19079
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Signed Signed Signed Signed Date I swear/affirm that the information given in this application is true and correct.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS in this application is true and correct.
New Address SAME	New Address Sant
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Connu Kalison Clerk of the HENDRICKS Circuit Court	CONNUL KAUNDON Oferk of the HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OF CUARDIAN	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) ser
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
DETUDU OF MADRIAGE MODIFIES	SE AND MARRIAGE CERTIFICATE
	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cl dated $\frac{10-19-92}{}$, authorizing the marriage of $\underline{\mathbb{E}}$	
	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on _OCTOBER 19, 1992
(date), atDANVILLE	TIME DE CALC
BRETT MICHAEL SMITH of HENDRICKS	
DINA LYNN SHEPARD of HENDRICKS Co	
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ DAVID H. COLEMAN	,JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	ρ . ρ
	Signed Conne dawson Clerk
	HENDRICKS Circuit Court

REBECCA JO BARTEE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No If No, Medical Examination of Report Dated 9
Name of Physician Takert Heaven A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Last Marriage Ended By: Death Divorce 🔲 Death Divorce 🗌 Last Marriage Ended By: Annulment Birth Certificate Other (Specify) Other (Specify) NOP Yes 🗌 Yes 🗌 No 🗆 Yes 🗌 Yes 🗌 NOV Yes 🔲 Yes 🔲 Na Yes 🔲 Yes 🗌 No Yes Yes 🔲 **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs Clerk of Court Clerk of Court Chance Lawson Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, REBECCA JO BARTEE _____. I further certify that the following marriage certificate was filed in my office:
______ (name), certify that on _____ NOVEMBER 13, 1992
______ PUTNAM _____ County, Indiana. I, JOHN W. MCKAY FILLMORE (date), at FILLMORI DANNY RAY TRIVETT _ County, Indiana,. HENDRICKS IN

County _

11-17-92

HENDRICKS PASTOR

_ County _

HENDRICKS

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

_(state), and _

(official designation)

___ (state) were married by me as authorized County, Indiana, dated 10-20-92

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEN	DRICKS County 510
	County File
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 10-19-92 Name of Physician Survey
MALE APPLICANT	FEMALE APPLICANT
me Ri Pirst W Middle Ca Last in A	Name P First C Middle A Last 1
tle of Birth Month Day Year / 3	Date of Birth Month Day - Vent 1
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
pidence Addregs 21 Street P.R. 1 City 1 County 1 States	Residence Address Street or B.R.) ACIV County A. Chun A.
0929 N. Kockvelle Rd. Intpls. In.	10929 N. Rockville Hd., Indpla.
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 1987	Last Marriage Ended By: Death Divorce Annulment Date 1991
ate of birth verified by: Birth Certificate Other (Specify) In. Lic	Date of birth verified by: Birth Certificate Souther (Specify) Dr. Lie
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic bounces?
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children
	Journ Mary 16 yes.
(a) Full name of applicant's father Carl Jaspli Millie (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Murayanhua Flak
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	4 Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Llana Lynck Gau (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother watchy me Lelle
Residence of mother (if deceased, so state) Declared	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Manuscelle Is
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)Utah
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome). The property of Applicant Research of Applicant Research of Applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
nowledgment because of religious beliefs. k 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
e of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
nty of HENDRICKS ss: in this application is true and correct. Signed Richard w 7 section is true and correct.	County of HENDRICKS SS: in this application is true and correct.
scribed and sworm to before me this 20th day of 0 et 19 92	New Address Same O ct . 19 92
Clerk of the HENDRICKS Circuit Court	Cornie Jawan Clerk of the HENDRICKS Circuit Court
SENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
of Indiana) ss:	State of Indiana)
ry of ID #	County of HENDRICKS ss:
er ID #	Father ID # Mother ID #
cribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
County	marriage license having been refused to the above named parties, the Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSIFICATION of that there was filed in my office a marriage license issued by the Cleff $\frac{10-20-92}{}$, authorizing the marriage of ${}$	rk of the Circuit Court of HENDRICKS County Indiana
	. I further certify that the following marriage certificate was filed in my office:
te), at DANVILLE	(name), certify that on OCTOBER 24, 1992
CHARD WORLEY MILLER of HENDRICKS	County IN(state), and
LENE MAE PARSLEY of HENDRICKS Counter a marriage license that was issued by the Clerk of the Circuit Court of	inty (state) were married by me as authorized
ed by: /s/ JOHN P. ROOF	

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

	No. 574
HEN	DRICKS County File
	10 - 20 - 92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
10 31-7-3 commits a class b leiony.	
MALE APPLICANT	FEMALE APPLICANT
	Name / First Middle Last
Date of Birth Month Day Year	Date of Birth Months Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County, State	Residence Address Street or R.R. City County State
720 Kyrkwood Dr. Greencastle IN	1313 W. Main St. Panville In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9.55	Last Marriage Ended By: Death Divorce Annulment Date 9 - 88 /
Date of birth verified by: Birth Certificate Qother (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No St. Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ★ Yes ■
5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
3. (a) Full name of applicant's father Fred Arnold Cox	6. (a) Full name of applicant's father Motther Thomas Sloan
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father I Pathew Themas Sloan (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Deposed
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Matilda Bolle Cofe	Birthplace of father (State or foreign country) S. Caraline (b) Full maiden name of applicant's mother Katle Maxwell Estew
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Katle Maxwell Ester
Residence of mother (if deceased, so state) Greencestle FD	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) S. Caralina
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Date Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X Date 10-20-92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
county of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
Signed Angeles 7. Gra	
Many Address 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Signed X Friley K. Coy
New Address 120 Kwingtod Dr. Meencatle	Signed XXXIII K. Coy New Address
	Signed X Smily K. Coy
Subscribed and sworn to before me this day of to	Signed X Synthy K. Coy New Address Subscribed and sworn to before me this 20 day of Oct -, 19 22
Consent of Parents, Parent, OR GUARDIAN	Signed X Revision Consent of Parents, Parent, Or Guardian
Subscribed and sworn to before me this day of to	Signed X Shouly K. Coy New Address Subscribed and sworn to before me this 20 day of Oct 19 22 Clerk of the HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana	Signed New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Clorulate of Indiana County of HENDRICKS Clerk of the HENDRICKS Circuit Count Consent of this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary County of HENDRICKS SS:	Signed New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary tate of Indiana The parent of Indiana The parent of Indiana The parent unnecessary The pare	Signed New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Cloud Court Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary County of HENDRICKS SS:	Signed New Address Subscribed and sworn to before me this
Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Consent of Indiana County of HENDRICKS Section S	Signed New Address Subscribed and sworm to before me this
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Interest of Indiana County of HENDRICKS Satter ID # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Signed Signed New Address Subscribed and sworn to before me this
Complete and sworn to before me this	Signed New Address Subscribed and sworn to before me this day of 19 22 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Citate of Indiana County of HENDRICKS Circuit Court Different Signs, tate facts which make the consent of the other parent unnecessary County of HENDRICKS County of HENDRICKS County of Jensey Order of Court. County of Jensey Order of Courty of Co	Signed New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Clark of Indiana County of HENDRICKS Circuit Court District Court County of HENDRICKS Circuit Court County of HENDRICKS County of HENDRICKS County of Jenes County Authorize RETURN OF MARRIAGE LICENSE	New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary County of HENDRICKS Circuit Court Consent of the marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary County of HENDRICKS County of HENDRICKS Complete IF Marriage License Issued By Order Of Court. County	New Address Subscribed and sworn to before me this
Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Interest of Indiana D #	New Address Subscribed and sworn to before me this
Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Interest of Indiana Interest of	New Address Subscribed and sworn to before me this
Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary Interest the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary ID #	New Address Subscribed and sworn to before me this

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ MARY LEE COMER

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

(date).

(official designation)

Clerk Circuit Court

JUDGE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 10-21-92 If No, Medical Examination or Report Dated 10-21-92 Name of Physician 2. Neeger, D.O.
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Date of Birth Month Place of Birth Residence Address Street of R.R. Street of R.R. Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Name Pirat Middle, Middle, Last Last Date of Birth Month Day 2 Year 2 Place of Birth (State or foreign country) Matter State Country Place of Birth (State or foreign country) Matter State Country Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Alirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Archive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother dradyn dan Botsche (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of father (State or foreign country) Full maiden name of applicant's mother Deval and Inn Senche (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Significant 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 1921/9	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Along Service And Signed Along Service And Signed Along Service And Service And Superintendent Andrews I Hendricks Superintendent Andrews I Hendricks Superintendent Andrews I Hendricks Circuit Court	State of Indiana County of HENDRICKS Signed MM New Address Subscribed and sworn to before me this Like in the Information given
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS SS: Father ID # ID # Subscribed and sworn to before me this day of , 19 Clerk	State of Indiana) ss: County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 10-21-92, authorizing the marriage of D	E AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana, ON CHRISTOPHER KORD
andANNE MARIE CHRISTINE RUTAN I, _CYNTHIA J. SPENCE (date), atDANVILLE DON CHRISTOPHER KORKofMARION	I further certify that the following marriage certificate was filed in my office: (name), certify that onOCTOBER 21, 1992 in HENDRICKS County, Indiana, County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ CYNTHIA J. SPENCE	IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 10-21-92 1ST DEPUTY CLERK (official designation) 10-21-92 (date).

____ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

TION TO SELECT THE PROPERTY OF	No
HEND	10-21-92
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use 10-12-9 If No, Medical Examination or Report Dated 10-12-9 Name of Physician Xinka Walnum 2.0
MALE APPLICANT	FEMALE APPLICANT
Name Michael Christing Last Tierney	Name arrive and Middle Drew
Date of Birth Month 0 30 Year 67	Date of Birth Month 26 Year 68
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Danaille, In
Residence Address 1/2 N Street of R.R. & St. Place Steller.	Residence Address 1/2 Street or A.R. City Plantielle
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Dr. Lec.	Date of birth verified by: Birth Certificate Author (Specify) T. Lec
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes No Yes	If answer is "yes," has the adjudication been removed? No 2. Are you related to the male applicant closer than second cousin?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
11 > 1.1.	V 11 A
6. (a) Full name of applicant's father simulating suchael silvery	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Liston.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Puttebuso 9
Birthplace of father (State or foreign country), Philippin	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother sharm Ray Metts	(b) Full maiden name of applicant's mother Testianne du
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDs
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 10-21-92	Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Clerk of Court
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the inform
County of HENDRICKS in this application is true and correct.	County of HENDARCAS In this application is true
New Address Same	Now Address Same
Subscribed and sworn to before me this 21st day of Ct , 19 92	Subscribed and sworn to before me this 210 day of Oct 1992
Connel Jawan Clerk of the HENDRICKS Circuit Court	Connection Clerk of the HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one processes the parents of this applicant, hereby give consent for this marriage.
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS ss:
County of HENDRICKS Father ID #	County of HENDRICAS) Father ID #
Father ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	The second secon
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named par Court, by written order issued
	zes and directs the issuance of a marriage license to the above named
DETUDN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	lerk of the Circuit Court of HENDRICKS County, I
dated 10-21-92, authorizing the marriage of _	MİCHAEL CHRISTOPOHER TIERNEY
and AMY JO DREW REV. GEORGE PURNELL	I further certify that the following marriage certificate was filed in m (name), certify that on NOVEMBER 14, 1992
(date), at PIPTTSBORO	in HENDRICKS County, Indiana,
EL CHRISTOPHER TIERNEY of HENDRICKS	County IN (state), and
	ounty (state) were married by me as au
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ REV. GEORGE PURNELL	f HENDRICKS County, Indiana, dated 10-21-9 PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-17-92 (date).
	0 . 9
	Signed Cornel Lawson
	HENDRICKS Circu

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No B IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ mary of stace IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Annulment Divorce Divorce 🔲 Last Marriage Ended By: Date of birth verified by: Strh Certificate Other (Specify) Yes 🔲 Yes 🖂 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🗌 **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous comm The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court New Address 4202 S. Gerrard DR, INDPLS., IN Cornel Lawson Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ ____, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, _____. I further certify that the following marriage certificate was filed in my office:
______ (name), certify that on __OCTOBER 22, 1992
_____ in ____ HENDRICKS _____ County, Indiana, _____ and __ JULIE ANNA BRIGGS I, CYNTHIA J. SPENCE DANVILLE __ County, Indiana,_ SCOTT PATRICK ESTES HENDRICKS __ County ____ IN _(state), and _ IN HENDRICKS JULIE ANNA BRIGGS MARION County

awson

Circuit Court

____ Clerk _Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

ealth under Authority IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE
HEND.	RICKS County File
	10-22-92 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves I - 20-92 If No, Medical Examination or Report Dated 19-20-92 Name of Physician X. W. Madifiell, M.D.
MALE APPLICANT	FEMALE APPLICANT
are of Birth (State or foreign country) Act of Birth (State or foreign country)	Name First Middle Last Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address O Street or B.B. City of Country State
Pt# 1 By 339 Clayton, Investor Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Diyorce Annulment Date 1992 ate of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date 1992 Date of birth verified by: Birth Certificate Deter (Specify) December 1992
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes No Yes Yes No Yes It is the full names of any dependent children. As Aley Wanielle Brunn 17 mo. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father William Bert Juliam (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (if deceased, so state)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome). Laulus L. Brown Date 10-22-92	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromes) Signature of Applicant ACKNOWLEDGMENT Date 10/02/90
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Signed HENDRICKS New Address RF BOK 339 CLAYTON, IN. Subscribed and sworn to before me this 22 day of Oct., 19 92 CHANGE CIER of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed School Same Subscribed and sworn is before me this 22 md day of Oct 1992 HENDRICKS Subscribed and sworn is before me this 22 md day of Oct 1992 HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ss: bounty of HENDRICKS) ss: ather ID # ubscribed and sworn to before me this day of, 19	State of Indiana) ss: County of HENDRICKS) ss: Father ID #
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Clated 10-22-92 , authorizing the marriage of LEANN MARIE LADIGO	I fourther contifue that the following marriage certificate was filed in my office:
date), at DANVILLE CHARLES EDWARD BROWN of HENDRICKS LEANN M. LADIGO HENDRICKS	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CYNTHIA J. SPENCE	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Family Medical Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Annulment Death Divorce _ Birth Certificate Other (Specify) Birth Certificate Other (Specify) Date of birth verified by: Date of birth verified by: No ☑ Yes □ Yes 🔲 Yes 🔲 No Yes 🗌 No V Yes 🗌 No Ves No V Yes 🗌 No Yes Yes 🔲 Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or Clerk of Court Clerk of Court State of Indiana COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of authorizing the marriage of THOMAS J. STEINMETZ dated LESLIE R. NEAL ___, authorizing the marriage of _ _ . I further certify that the following marriage certificate was filed in my office: and LESLIE R. NEAL

I, CYNTHIA J. SPENCE

(date), at DANVILLE (name), certify that on _ County, Indiana, THOMAS J. STEINMETZ County _ _(state), and _ HENDRICKS County, Indiana, dated 10-23-92 LESLIE R. NEAL _ County _ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ 1ST DEPUTY CLERK (official designation) Signed by: /s/ CYNTHIA J. SPENCE 10-23-92

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>582</u>
<u>HEND</u>	County
	10 23 92 Date of Application
	TO BE SEEN THE TAXABLE PROPERTY OF THE PERSON OF THE PERSO
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No □ Yes □ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician M. M. Riman
IC 31-7-3 commits a Class D felony.	STATE OF THE PARTY
MALE ADDITIONAL	EEMALE ARRIVOANT
MALE APPLICANT Name First Middle Last	FEMALE APPLICANT Name First Middle Last
Date of Birth Raynend tugene Maines	Date of Birth Derny Lynn Thomas Date of Birth Mordin Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
916 N. Briswald Rd. Indpls	916 N. Friswald Rd Iralph.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 5-87	Last Marriage Ended By: Death Divorce Annulment Date 86
Date of birth verified by: Birth Certificate (Specify) Dr. Lio.	Date of birth verified by: Birth Certificate Other (Specify) Wr. C1C
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? , No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Leste Maines	List the full names of any dependent children.
6. (a) Full name of applicant's father Searge Elmer Moines (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Bernard Les Lie Rende ton (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Trouble Tro
Birthplace of father (State or foreign country) TO (b) Full maiden name of applicant's mother Betty Lloyd Rowbadeau	Birthplace of father (State or foreign country) The Marie Math
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) That pls. The	Residence of mother (if deceased, so state) Trapts Tr
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant & Raymun & Mariney Date 10/23/92	immune deficiency syndrome). Signature of Applicant Lenny L. Thomas pate 10-23-9
Ognation of Applicant	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: "in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed X Raymus & Marry New Address	Signed Lang L Nowa
Subscribed and sworn to before me this 3 day of Det 19 9	Subscribed and sworn to before me this 23 day of 600 , 19 92
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS SS:	State of Indiana) Country of HENDRICKS ss:
County of	FatherID #
Mother	MotherID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and med in, admonze	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated OCTOBER 23, 1992, authorizing the marriage of	RAYMOND EUGENE MAINES County, Indiana,
andJENNY LYNN THOMAS	. I further certify that the following marriage certificate was filed in my office:
I, MARY DAY MILLER (date), atINDIANAPOLIS	in HENDRICKS County, Indiana,
RAYMOND EUGENE MAINES of HENDRICKS	County IN(state), and
JENNY LYNN THOMAS of HENDRICKS Columber a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized
Signed by: /s/ MARY DAY MILLER	,
Filed and recorded in accordance with the laws of the State of Indiana on	11-5-92 (date).
	Signed Connie Lawson Clerk
ACTIVITÉ CORREIT A EVETTERES LANGARISTES 1427	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 583

HEND.	ORICKS County File
	10-23-92 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 1/2 Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Dr. Fessie Contesuil
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
lame First Middle Last	Name First Middle Last
Date of Birth Month Dayne Wage	Date of Birth Day Year
Plage of Birth (State or, foreign country)	Place of Birth (State or foreign country)
PSC Box 12 1713 Dorm 328 12 1550m AFB lesidence Address Street or R.R. City County State	IN
To State of N.H. City County State 4/64-1/	Residence Address Street or R.R. City County State 8 50 207 Ama TO
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Pother (Specify) Dr. Lio.	Date of birth verified by: Birth Certificate Other (Specify)
Pr.C.O.	
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No No Yes Yes Yes
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a perceit drug?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
Slood 1 a . of 1 2018	6. (a) Full name of applicant's father William H. South
(a) Full name of applicant's father ballas Dayne Wagle (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father William H. South (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Downle To	Residence of father (if deceased, so state) Prattrille, AL
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Patty L. Weyant (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Jacqueline J. Dru
Residence of mother (if deceased, so state) La Vegas Ne reda	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Purdy Mo
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) S. Paroline
gnature of Applicant X David Wayne Wagle Date 23 DCt 92 ne above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	Signature of Applicant Date 10-23. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
Signed X Daved Wayte Wage New Address 1608 Worton St. Grisson AFB	County of HENDRICKS ss: in this application is true and correct. Signed New Address
bscribed and sworn to before me this 33 day of 0t 19 93	Subscribed and swgm to before me this 33 day of 0ct, 1993
Clerk of the HENDRICKS Circuit Court	Connic Jawan Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
o, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ite of Indiana)	
unty of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
her ID #	Father ID #
ther ID #	Mother ID #
bscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
ated 10-23-92, authorizing the marriage of	DAVID WAYNE WAGLE
CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that onOCTOBER 23, 1992
ate), atDANVILLE	in HENDRICKS County, Indiana,
DAVID WAYNE WAGLE of MIAMI	County (state), and
TAMARA ANN SOUTH of HENDRICKS Counter a marriage license that was issued by the Clark of the Circuit Count of	HENDRICKS (STATE)
nder a marriage license that was issued by the Clerk of the Circuit Court of gned by: _/S/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
led and recorded in accordance with the laws of the State of Indiana on	10-23-92 (date).
	ρ . φ
	Signed Onne Operation Clark

HENDRICKS

Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Z If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician > IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Death Divorce Last Marriage Ended By: Birth Certificate Other (Specify) Date of birth verified by: NOV Yes 🗌 No -Yes 🔲 Yes 🔲 NOV Yes 🗌 NOP Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 List the full names of any dependent childre **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICK: Come dawson_Clerk of the_ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, County of _____ HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ ____, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 10-26-92

CHRISTINA ANN BRYANT, authorizing the marriage of RANDALL LEE GARDNER II

I further certify that the following marriage. __ . I further certify that the following marriage certificate was filed in my office: I, CYNTHIA J. SPENCE ____ (name), certify that on ___ _ in ___ HENDRICKS (date), at ___ DANVILLE
RANDALL LEE GARDNER II _ County, Indiana,_ of HENDRICKS County _ _ County ____ __(state), and _ CHRISTINA ANN BRYANT (state) were married by me as authorized HENDRICKS _County, Indiana, dated _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. _ 585

	Date of Application
2 31-7-9-1. Furnishing false information upon applying for license. a person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 10-23-92 Name of Physician 12. Judita Palensa
MALE APPLICANT	FEMALE APPLICANT
Christopher Middle this Stanie	Name Jone Shiddle Hallace
of Birth Month Day 7 Year 7 /	Date of Birth Month Day Year 70
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address & Streetor R.R. & City & County State	Residence Address Strenger R.R. City County Stays
566016. County 12. 1500 Nonolli	Previous Marital Status: Never Married SQR No. of Previous Marriages
ious Marital Status: Never Married OR No. of Previous Marriages	
Marriage Ended By: Death Divorce Annulment Date	× ~ ~ P.
of birth verified by: Birth Certificate Cother (Specify) . Lice	Date of birth verified by: Birth Certificate Souther (Specify) W. d.c.,
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
1 000 71	D. 1 1 1 1 1 1
(a) Full name of applicant's father Servince Allen Harris	6. (a) Full name of applicant's father Act
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Brauns lung. In
Birthplace of father (State or foreign country) Indiana,	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother fessica Chin anghe	(b) Full maiden name of applicant's mother Jayer Chin Chitis
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state). Brawnshung.
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant Date	Signature of Applicant Sui Sulla Care Date
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
te of Indiana) I swear/affirm that the information given	State of Indiana) I sweat/affirm that the information given
unity of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS SS: in this application is true and correct
Signed	Signed Dri SWallace
New Address bscribed and sworp to before me this 274 day of Oct , 1992	New Address Subscribed and sworn to before me this 27 and day of act 19 92
Clerk of the HENDRICKS Circuit Court	Cornie Laws Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
inty of	County of HENDRICKS SS:
ner ID #	Father ID # Mother ID #
her ID # escribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
d filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana, CHRISTOPHER MARTIN HARRIS
ted 10-27-92 , authorizing the marriage of	
ALAN W. HUGHES	I further certify that the following marriage certificate was filed in my office: (name), certify that onNOVEMBER 1, 1992
ate), atDANVILLE	in (name), certify that on NOVEMBER 1, 1992 County, Indiana,
CHRISTOPHER MARTIN HARRISOF HENDRICKS	CountyIN(state), and
TONI SUE WALLACE of HENDRICKS Conder a marriage license that was issued by the Clerk of the Circuit Court of	ountyIN (state) were married by me as authorized f County, Indiana, dated10-27-92
gned by: /s/ ALAN W. HUGHES	, MINISTER (official designation)
led and recorded in accordance with the laws of the State of Indiana on_	11-5-92 (date).
	Carrie Land
	Signed Clerk

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

	No. <u>586</u>
HEND	County File
	10-28-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes 🗆
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 10-19-92
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician 10- Naggard, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Ryan Joseph Stanley	Name Sherri Lynn Parker
Date of Birth Month Year 7/	Date of Birth Month 5 Day 3 / Year 7/
Place of Birth (State or foreign country) Danvelle In.	Place of Birth (State or foreign country) Tracelle, In.
Residence Address Street or R.R. Street of R.R. Brannshung In.	Residence Address Street or R.R. City County ill State In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Marked OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Auther (Specify)	Date of birth verified by: Birth Certificate Acther (Specify)
VI NO	100000
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? Nover Yes Ye
4. Are you now under the influence of an aiconolic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes	4. Are you now under the influence of an according beverage? Note Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	1. maray 1
6. (a) Full name of applicant's father Corald Melliam Stanley	6. (a) Full name of applicant's father Slarge Facker
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **Placeholder** **Placeholder* **Placeholder** **Placeholder* **Placeholder
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Fila del Strass	(b) Full maiden name of applicant's mother Madep Succelle Sheets
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state) Burnslung in.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Plus fuell, in:
Birthplace of mother (State or foreign country).	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Figur 1. Hary Date 1008-92	Signature of Applicant Churu A. Tarker Date 10-28-92
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed Fun A Say	County of HENDRICKS in this application is true and correct.
New Address 3482 Marsbon Mills Dr. I Adjanapolis, IN 46219	New Address 5482 1000000 Marabountill
Subscribed and sworn to before me this 28 d day of QCT , 19 92	Subscribed and sworm to before me this 28 th day of Oct , 1992
Clerk of the REVERICES Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	CONTROL CONTRO
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IS MARRIAGE LIGHTON TO THE PARTY OF	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-28-92 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, STEVAN W. RANSON	(name), certify that on NOVEMBER 7, 1992
(date), at CLAYTON RYAN JOSEPH STANLEY of HENDRICKS	_ inHENDRICKS County, Indiana,
CHEDDI I VNN DADKED HENDDICKS	untyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 11-7-92
Signed by:/s/ Stevan W. Ranson Filed and recorded in accordance with the laws of the State of Indiana on	11-12-92 (date). (official designation)

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 587

10-30-92 Date of Application

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 10-14-92 If No, Medical Examination or Report Dated 10-14-92 Name of Physician Report Dated 10-14-92
MALE APPLICANT	FEMALE APPLICANCE
Name 'First A Middle 1ad	FEMALE APPLICANT
Ricky Warne Parker	Name Taren Lee Daum
Date of Birth Shorth Gay	Date of Birth Month 8 Day 2 Year 6 8
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Danville In.	Donaelle In.
Residence Address Street or R.R. City Country State	Residence Address Street or R.R. City County State.
Previous Marital Status: Never Married OR No. of Previous Marriages	are work whe purpus on.
	Previous Marital Status: Never Married A-OB No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Total Control of the	- Million.
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? Nov Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
1	
6. (a) Full name of applicant's father Genese Maray Parker	6. (a) Full name of applicant's father Russell Lee Dayen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Dicessed	Residence of father (if deceased, so state) Plue sheets.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Slades Lucille Shee	to (b) Full maiden name of applicant's mother Pasalee Thutch
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Alundield, In
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Licky W Parker Date 10-30-92	immune deficiency syndrome).
Signature of Applicant Date Date Date	Signature of Applicant Lacus X- Delen Date 10-3092
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Line May W Park In this application is true and correct. New Address 30 W. North 5T. Phroticle Subscribed and sworn to believe me this 30 W. day of 0 W. 19 9 2 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Lacra Science New Address 302 W Morth St Clarificate Subscribed and sworn to before me this 30 day of Odor , 19 22 While Lawrence Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County ofHENDRICKS ss:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MADE	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle lated, authorizing the marriage of _R:	
and KAREN LEE DAUM	. I further certify that the following marriage certificate was filed in my office:
MITTERS IN THE PARTY OF THE PAR	(name), certify that on DECEMBER 12, 1992
(date), at PLAINFIELD	in HENDRICKS County, Indiana,
RICKY WAYNE PARKER of HENDRICKS	County IN(state), and
KAREN LEE DAUM of HENDRICKS COM	inty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana dated 10-30-92
Signed by: _/S/ KEITH H. KIRK	
Filed and recorded in accordance with the laws of the State of Indiana on	12-17-92 (date).
	1
	Signed Connie Lawson Clork
	HENDRICKS Circuit Court
DOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

No. 588

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician D. Palas V.
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
iame Robert Lee Cantor	Name First Middle PLANT Toyce Lynn Perry
Date of Birth Month Day Year Ope	Date of Birth Month Day Year 328
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City, County State	Residence Address Street or R.R. City County State
4045 Blue Bluff Rd. Martinsville	412 Parke Dr. Pifd.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 90	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic	Date of birth verified by:
4 5	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑, Yes ☐
1. Are you now or have you ever been adjudged to be of unsound mind? No DS Yes If answer is "yes," has the adjudication been removed? No Yes I	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes 1. Yes es
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No No Yes	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
5. List the full names of any dependent children.	Cat the fall flames of any deposition of the same of t
	6 (a) Full name of applicant's tather Richard Somuel Perry
6. (a) Full name of applicant's father William Partor	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Martinsville In	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother 11 ma	(b) Full maiden name of applicant's mother Llandette Olds
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Wartinsville to	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TO
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immuno deliciones sundramo)	immune deficiency syndrome).
Signature of Applicant La Robert Cantar Date	immune deficiency syndrome). Signature of Applicant Apolicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
State of Indiana County of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
signed X Robert Cantaers	Signed X2040 3 Ples
New Address Subscribed and sworn to before me this 30 day of Det 1998	New Address Subscribed and sworn to before me this 30 day of Oct 19 19
Subscribed and sworm to before me this 30 day of 000 19 10 100 100 100 100 100 100 100 1	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	we, the parents of this applicant, hereby give consent to this maintage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State lacts which make the consent of the other parent amostocatly	
State of Indiana)	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of ID #
Father	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
Countyauthoriz	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
and filed in, authoriz	and director the resource of a management of the second of
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Ci	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 10-30-92 , authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I. REV. RUDOLPH G. LEE	(name), certify that on NOVEMBER 28, 1992
(date), at BRIDGEPORT	_ inMARTON County, Indiana,
ROBERT LEE CANTOR of MORGAN	County IN (state), and
	ounty IN (state) were married by me as authorized hendricks County, Indiana, dated 10-30-92
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ RUDOLPH G. LEE	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1
	Signed Crinic Lawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 589

cuit court when the person applies for a marriage license under	Name of Physician Daules Suipple
31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
First Andrew Chiddle Last	Name Lefirst by Middle hale Last Thomas
of Birth Month 7 PG 2 / Year 4	Date of Birth Month 3 Day 4 Year 7/
e of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street out R. Sity Soundy States	Residence Address , Street or R.R. / City D County & State
269 7). Thell Pluesfield on	RT / Day 6 / cayon, or
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Sirth Certificate Cher (Specify) . Ju.	Date of birth verified by: Birth Certificate Sother (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes" has the adjudication been removed? No Yes Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Y	If answer is "yes," has the adjudication been removed? No results. Yes Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Not Yes	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
	D. 0.11
(a) Full name of applicant's father Arrald Kay Herry St.	6. (a) Full name of applicant's father Faul Chamis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased so state) Charitan, In.
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Mangaret anne Treat	(b) Full maiden name of applicant's mother Trus Jean Face
(b) Full maiden name of applicant's mother (b) Full maiden name of applicant's mother (c) (if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Aprocle In.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Michigan	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseas
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
mune deficiency syndrome). Date 11-02-92	immune deficiency syndrome) leah M. Shomas Date 11-2-
gnature of Applicant Date (1700)	
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the abo
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clark of Court. Date
erk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information gives the interest of t
ounty of HENDRICKS in this application is true and correct.	County of Jah M An Amai
New Address SAME	New Address 269 n. Mill St Plainfield
New Address SHALL day of Nov . 19 92	Subscribed and sworp to before me this 2 and day of 7000 1992
Price davon Clerk of the HENDRICKS Circuit Court	Connic Lawan Clerk of the HENDRICKS Circuit Co
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana) se:
ounty of	County of HENDRICKS
ather ID #	Father
otherID #	Would:
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19C
The same of the sa	A marked lights been refused to the above named parties t
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named partie
	SE AND MARRIAGE CERTIFICATE
DETURN OF MARRIAGE LICEN	lerk of the Circuit Court of HENDRICKS County, Indiana
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the C	
certify that there was filed in my office a marriage license issued by the Clated 11-6-92, authorizing the marriage of	DONALD RAI PERKI, OK.
certify that there was filed in my office a marriage license issued by the Clated 11-6-92, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office
certify that there was filed in my office a marriage license issued by the Clated 11-6-92, authorizing the marriage of INDEXISENSE PROPERTY.	I further certify that the following marriage certificate was filed in my office (name), certify that on NOVEMBER 14, 1992
certify that there was filed in my office a marriage license issued by the Clated 11-6-92, authorizing the marriage of undLEAH MICHELE THOMAS JOHNIE P. EDWARDS date), atBELLEVILLE	
certify that there was filed in my office a marriage license issued by the Clated 11-6-92, authorizing the marriage of, authorizing the marriage of, JOHNIE P. EDWARDS date), at BELLEVILLE DONALD RAY PERRY, JR. of HENDRICKS	
certify that there was filed in my office a marriage license issued by the Clated 11-6-92 , authorizing the marriage of	
certify that there was filed in my office a marriage license issued by the Clated 11-6-92, authorizing the marriage of, authorizing the marriage of, JOHNIE P. EDWARDS date), at BELLEVILLE DONALD RAY PERRY, JR. of HENDRICKS	

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	$\frac{1/-2-92}{\text{Date of Application}}$
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Y Yes Dated 10-22-92 Name of Physician 101. Collicatty H.D.
MALE APPLICANT	FEMALE APPLICANT
Name andrew L. Raseboom	Name Alari Ama Que Last
Date of Birth Month 7 Day 2 3 Year 5 3	Date of Birth Month / 2 Day Year / V
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. A City County State	Residence Address Street or R.R. A City D. Sounty State
3209 arm Rd., Plainfield, In.	3209 avm Rd., Plunfuld
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1983	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
N/L-V-P-	No. Also
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes C
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? Not☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗆
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
Joshua Rasebaam 8 1915	
3. (a) Full name of applicant's father Curtis Wayne Rasoboo	me (a) Full name of applicant's father Russell a, Jense
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Pleaself Vin
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Aure from Denable	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) dum, In.	Residence of mother (if deceased, so state) Plainfield
Birthplace of mother (State or foreign country).	Birthplace of mother (State or foreign country) New Yeals
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired	that are sexually transmitted, and salist of the test sites for the virus that causes AIDS (acquire
Signature of Applicant Ash South	immune deficiency syndrome). Signature of Applicant Maccin. Jensex Date 11-2-9
Signature of Applicant Date 11-3-92	Signature of Applicant Mac 4. Gensel Date 11-2-9.
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana I swear/affirm that the information gives
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and corre
New Address Same	Signed Share L. Gensee
Subscribed and sworn to before me this 2 and day of 200 1992	Subscribed and sworn pobefore me this 2 hd day of Non 1992
Conne James Clerk of the HENDRICKS Circuit Court	Cranic James Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) State of Indiana) State of Indiana) State of Indiana)	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of HENDRICAS) Father ID #	County of TEATONCES) Father 1D #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	0
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cl	
lated, authorizing the marriage of	ANDREW L. ROSEBOOM
	I further certify that the following marriage certificate was filed in my offic
date), atINDIANAPOLIS	in MARION County, Indiana.
	_ in MARION County, Indiana, County IN (state), and
CHART ANN TRUCKY	nunty IN (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 11-2-92
Signed by: /s/ JAMES A. MCKINNEY	PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-17-92 (date).
	and Carried Land
	Signed ANNE Cler
OCYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Cour

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. 591

<u>HEND</u>	RICKS County File
	1/-2-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 10-19-92 If No, Medical Examination or Report Dated, 10-19-92 Name of Physician C. Wills, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Corry James Radales	Name of Fight of Diddle Plass
	Date of Birth Month Day 2 Year 23
Date of Birth Day 28 Year 7/	Place of Birth (State or foreign country)
Indianapalis, In.	Vanvelle, In.
esidence Address Street or R. By City & County State	Residence Address N Street or B.R. 300 F Street State Ile In.
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	
ate of birth verified by: Other (Specify)	Date of birth verified by: Stirth Certificate Other (Specify)
. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Notal Yes Y	3. Are you now under the influence of an alcoholic beverage? No Yes es
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
nie den Pero	D 1 4 7 10 4 10
(a) Full name of applicant's father / Wennett (Clerk Nowney)	6. (a) Full name of applicant's father Thalit Kell Xylle
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mary ann Nichalson	(b) Full maiden name of applicant's mother Sharm Calleen Tar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Larry . Radney Date 11-2-92	immune deficiency syndrome). 2016 10 11/2/02
Signature of Applicant Date 1721	Signature of Applicant Date 11/0/190
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss. in this application is true and correct.	County of HENDRICKS ss: () in this application is true and correct.
Signed Courty . 7 Codney	signed COODELL S. FYTU
New Address 164 Tracy Ridge Blud, New Whitele	New Address TLOY Tracy Riage Blva, New Whiteland, IN
Subscribed and sworn to before me this day of HENDRICKS	Subscribed and sworn to before me this day of the HENDRICKS Circuit Court
Clerk of the Circuit Court	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana	Charles of Indiana
tate of Indiana) ss:	State of Indiana) County of HENDRICKS ss:
atherID #	Father ID #
fother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LIGHT	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
ated 11-2-92 authorizing the marriage of	conty James Rodney Hendricks County, Indiana,
BOBBETTE LYNN LYTLE	I further certify that the following marriage certificate was filed in my office:
ANDY SCHROEDER	(name), certify that on NOVEMBER 28, 1992
date), at AVON	in HENDRICKS County, Indiana,
CORY JAMES RODNEY OF JOHNSON BOBBETTE LYNN LYTLE OF HENDRICKS CONTROL	County IN (state), and
	(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ ANDY M. SCHROEDER	WOUTHIN MINISTER OF THE STATE O
Filed and recorded in accordance with the laws of the State of Indiana on	12-1-92 (date). (official designation)
The state of the s	
	Signed Conne Lawson Clerk
	MENDRICKS Circuit Court

____ Clerk _Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination of Report Dated A person who knowingly furnishes false information to a clerk of the Wroger. Name of Physician ______ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 1992 Death Last Marriage Ended By: Death Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Yes 🗌 No -No 🗌 Yes 🔲 Yes 🗌 No No D Yes 🔲 Yes 🗌 No Yes 🗌 No D Yes 🔲 No D Yes 🔲 List the full names of any dependent children **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or Clerk of Court Clerk of Court Canie Jawson Clerk of the Cornie Jawan clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS 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 __ County, Indiana, . I further certify that the following marriage certificate was filed in my office:

(name), certify that on NOVEMBER 4, 1992

in HENDRICKS

County, Indiana, and PENNY JEANNE SETTI

I, CYNTHIA J. SPENCE

(date), at DANVILLE

STEVEN LEONARD MELTON _ County, Indiana, of HENDRICKS County _____ _ County __ IN _(state), and _ PENNY JEANNE SETTLES HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of

Signed by: __/S/ CYNTHIA J. SPENCE

HENDRICKS

County, Indiana, dated __

1ST DEPUTY CLERK (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 11-5-92 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 10-21-92 If No, Medical Examination or Report Dated 10-21-92 Name of Physician 10-21-92
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Name First Middle Jast Jast	
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father that the full harms of any dependent children. 6. (a) Full name of applicant's father that the full harms of any dependent children. 6. (b) Full name of applicant's father that the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so state) the full harms of father (if deceased, so st	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Walth Forul Jahren (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Full maiden name of applicant's mother Wanth Jean Cellualt (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1/4/92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	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 Acren Date 10-4-72 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed Way of Many Jay of M	State of Indiana County of HENDRICKS Signed Koren M Adress Rt / Box 286 /8 Clayton La Subscribed and sworn to before me this 4 th day of the HENDRICKS Clerk of Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
Father ID # Mother ID # Subscribed and sworn to before me this day of, 19 Clerk	Father ID # Mother ID # Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issued
, delivered to the second seco	s and directs the issuance of a marriage license to the above named parties.
(date), atINDIANAPOLIS ELROY WAYNE KAUFFMAN, II ofHENDRICKS KAREN MARIE JOHNSON ofMARION Cou under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/_ JOHN C. BEATTY	rk of the Circuit Court of HENDRICKS County, Indiana, ELROY WAYNE KAUFFMAN, II I further certify that the following marriage certificate was filed in my office: (name), certify that on NOVEMBER 28, 1992 in MARION County, Indiana, County IN (state), and IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 11-28-92
Filed and recorded in accordance with the laws of the State of Indiana onS SOURCE FORMS - SYSTEMS 1-600-582-4702 1477	igned Connie Lawson Clerk HENDRICKS Circuit Court

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A A person who knowingly furnishes false information to a clerk of the If No, Medical Examination, or Report Dated circuit court when the person applies for a marriage license under Name of Physician Stephen (IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death D Last Marriage Ended By: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No Yes No 🗌 Yes 🔲 ed to the female applicant closer than second cousin? No Yes | Yes | No Yes | No Yes No Yes 🗆 No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court HENDRICKS, HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, 11-5-92 , authorizing the marriage of __ JACK JOSEPH ALLEN and KATHY LEE TOTTEN _ . I further certify that the following marriage certificate was filed in my office: I, the REV. WILLIAM P. HENDRICKS NOVEMBER 7, 1992 _ (name), certify that on ___ (date), at __AVON in HENDRICKS _ County, Indiana,_ JACK JOSEPH ALLEN HENDRICKS IN County _ _(state), and _ KATHY LEE TOTTEN HENDRICKS _ County_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: _/s/ the REV. WILLIAM P. HENDRICKS HENDRICKS County, Indiana, dated 11-5-92 MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ 11-25-92

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves If No, Medical Examination or Report Dated 11-4-92 Name of Physician Aggard M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Residence Address Street or R.B. Citya Citya Previous Marital Status: Never Married OR No. of Previous Marriages Address Residence Address Never Married OR No. of Previous Marriages	Name Name Stance Middle Middle Day 28 Place of Birth (State or foreign country) Previous Marital Status: Never Married OB No. of Previous Marriages Name First Middle Callins Veal 6 Callins Callins County County County County County County Previous Marital Status: Never Married OB No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1990 Date of birth verified by: Birth Certificate Other (Specify) Div. Lic.	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Definer (Specify) Dr. Liv.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes List the full names of any dependent children. Supplication of the influence of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother May Rugabeth Classification (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 Alexander (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 Alexander (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Alexander Alexander Alexander (If adoptive parents only) Residence of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 15-97	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Disease McChelle Couling Date 11-5-92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS in this application is true and correct. Signed New Address Of HENDRICKS Subscribed and sworn to before me this Glerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Ware Michelle College New Address 6/5 Olpha Ovenue Bransburg Subscribed and sworn to before me this 50 day of HENDRICKS Circuit Court
CONSENT We, the I Please To by one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Inc County of . Pather_ Mother_ Subscribed To at flublish To at fl	State of Indiana County of
COMPL MARK R OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, ROBERT L. MEANS
and DIANNE MICHELLE COLLINS I, REV. JAMES A. TAYLOR, JR. (date). as MOORESVILLE	I further certify that the following marriage certificate was filed in my office: (name), certify that on NOVEMBER 7 , 1992 in MORGAN County, Indiana,
ROBERT L. MEANS of HENDRICKS	County IN (state), and
Filed and recorded in accordance with the laws of the State of Indiana on	Signed Connic Lawson Clerk

No. 596

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRI	ICKS County File
	Date of Application
person who knowingly furnishes false information to a clerk of the result court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 10-6-92 If No, Medical Examination or Report Dated 10-6-92 Name of Physician Profest Dealer, H.P.
MALE APPLICANT	FEMALE APPLICANT
me (First) Middley Pl Last	Name Carolyn Jane Thompson
te of Birth (State or foreign country) Helensberry In.	Place of Birth (State or foreign country) Of Opelika, Al.
5504 Murfield May flift, In.	Previous Marital Status: Never Married OR No. of Previous Marriages 1989
evious Marital Status: Never Married OR No. of Previous Marriages et Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date 1995
ate of birth verified by: Birth Certificate Cher (Specify) Dr. Lice.	Date of birth verified by: Birth Certificate Gither (Specify) Dr. Lic.
	Are you now or have you ever been adjudged to be of unsound mind? No. Yes.
Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes	If answer is "yes," has the adjudication been removed?
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage:
Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? No. 1 Yes 1 S. List the full names of any dependent children.
List the full names of any dependent children.	5. List the full fluides of the party of the
	6. (a) Full name of applicant's father James L. Kirky
(a) Full name of applicant's father Kerneth D. Phelps	6. (a) Full name of applicant's father Amus A. Council (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of father (if deceased, so state)
Hesiderice of father (in december)	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother recells in the state of the st	(b) Full maiden name of applicant's mother lies your remainder
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indianapolis In.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
the above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Date Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
	I swear/affirm that the information given
State of Indiana County of HENDRICKS Signed	State of Indiana County of HENDRICKS Signed Arolyn (Long) SO New Address
Subscribed and sworn to before me this day of	Subscribed and sworm before me this 6 th day of Not 19 72 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	State facts which make the consent of the own party
Crate of Indiana	State of Indiana) ss:
State of Indiana) ss: County of HENDRICKS)	County of
Father ID #	FatherID #
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19Clerk	Cle
	A marriage license having been refused to the above named parties, the Court, by written order issued
County, author	rizes and directs the issuance of a marriage license to the above named parties
and med in	
	Clerk of the Circuit Court of HENDRICKS County, Indiana MICHAEL D. PHELPS Lineary certify that the following marriage certificate was filed in my office
dated, authorizing the marriage of	of the fill of the marriage certificate was filed in my office
CYNTHIA J. SPENCE	(name), certify that on NOVEMBER 0, 1992
(date) at DANVILLE	in HENDRICKS County, Indiana,
MICHAEL D. PHELPS of HENDRICKS	County IN (state), and County IN (state) were married by me as authorized
CAROLYN J. THOMPSON of HENDRICKS	County 1 1 - 6 - 97
under a marriage license that was issued by the Clerk of the Circuit Court Signed by: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Signed by: /S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on.	11-6-92 (date).
rued and recorded in accordance with the take of the other of	
	Signed Connie Jawson Cler

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>597</u>
<u>HEND</u>	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🖰 Yes 🗆 If No, Medical Examination or Report Dated 11-3-92 Name of Physician 🔑. Tanana, MD
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Den Cochran Day Year	Date of Birth Day Vear Vear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Kentucky	Michigan
Residence Address Street or R.R. City & County State 3603 Clanks Presks. R.D. Lot 63, Franks Headiclas, Fr	Residence Address Street or R.R. City County State 3603 Clarles Create Lat. 63, Interest of the
Previous Marital Status: Never Married OR No. of Previous Marriages 3	Previous Marital Status: Never Married OR No. of Previous Marriages 3
Last Marriage Ended By: Death Divorce Annulment Date 86	Last Marriage Ended By: Death Divorce Annulment Date 84
Date of birth verified by: Birth Certificate QOther (Specify) Drivers Science	Date of birth verified by: Birth Certificate Steense Drivers Ricense
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes □ 2. Are you related to the male applicant closer than second cousin? No Yes □
3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Wate Cochran	6. (a) Full name of applicant's father Theodore R. E. Waldorf
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (If deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Dorothy J. Concry	(b) Full maiden name of applicant's mother Oline Sillian Beach
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Wishingan
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Date 11-6-90	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date ACKNOWLEDGMENT Date Date Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed Kenneth D. Cochran New Address Same	County of HENDRICKS ss: in this application is true and correct. Signed X Farrieta Cipolone New Address
Subscribed and sworn to before me this 6th day of Marcher, 19 92	Subscribed and sworn to before me this 6 16 day of Achterber , 19 92
Cornie Tawson Clerk of the HENDRICKS Circuit Court	Connice Source Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS SS:
Father ID # Mother ID #	Father ID # ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cle dated $\frac{11-6-92}{}$, authorizing the marriage of $\frac{1}{}$	
and DARNITA L. CIPOLLONE	I further certify that the following marriage certificate was filed in my office:
I, MARK WRIGHT (date), at MOORESVILLE	in MORGAN NOVEMBER 9, 1992
	in MORGAN County, Indiana, County IN (state), and
DARNITA L. CIPOLLONE of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:MARK_WRIGHT	
Filed and recorded in accordance with the laws of the State of Indiana on	11-30-92 (date)

Circuit Court

No. 598

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

HENL	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes 1/- 4-92 If No, Medical Examination or Report Dated 1/- 4-92
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician D. Regura, H.D.
MALE APPLICANT	
Name First / Middle Last	FEMALE APPLICANT
Date of Birth Jaken Undrew Youl	Leslie Mal nelson
6 20 64	Date of Birth Month 12 Day 24 Year 64
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. Street of R.R. State 9	Residence Address Street or R.R. City County State
- 1. Sungar	666111. 575 W. M. Halem Sn.
	Previous Marital Status: Never Married QR No. of Previous Marriages
Last Marriage Ended By: Death Oivorce Annulment Date	Last Marriage Ended By: Death Divgree Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) A. Lu.	Date of birth verified by: Birth Certificate Chercify
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ✓ Yes □
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note Test	2. Are you related to the male applicant closer than second cousin?
	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 7. Ves 7. Ves 7. Ves 7. Ves 7. Ves 7. Ves 8. Ves 9.
	5. List the full names of any dependent children.
Doin in a Do	
6. (a) Full name of applicant's father Thelip Michael Taul	6. (a) Full name of applicant's father Palert Leslie Hels
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Olclased	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Wilchesel
(b) Full maiden name of applicant's mother Lla Lynn Tatterson	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother face Myvorine (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Inlignapalis, In	Residence of mother (if deceased, so state) Whitestown
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) .
ADVANCES CONTRACTOR OF THE PROPERTY OF THE PRO	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Date 1/6-52	Signature of Applicant Albu M Relson Date 1+6-5
The above applicant has objected to walking by	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	Date
State of Indiana Swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed John An Carrier in this application is true and correct.	County of HENDRICKS In this application is true and correct.
New Address Sam E	Signed Sesser Tolon
Subscribed and sworn to perfore me this 6th day of Nov 19 92	Subscribed and sworn to before me this 6th day of Nov. 19 92
Christan Clerk of the HENDRICKS Circuit Court	Connie Lacord on Clark of the HENDRICKS
	Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
Odunty	Court, by written order issued
and filed in, authorizes	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE OFFICIALE
RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cler	de of the Cinquit Court of HENDRICKS
, authorizing the marriage of	JOHN ANDREW PAUL HENDRICKS County, Indiana,
and LESLIE MAE NELSON	. I further certify that the following marriage certificate was filed in my office:
DANIVITIE	(name), certify that on NOVEMBER 6, 1992
JOHN ANDREW PAUL. 6 HENDRICKS	in HENDRICKS County, Indiana,
LESLIE MAE NELSON HENDRICKS	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	(State) were married by me as authorized
signed by: /5/ CLINIHIA J. SPENCE	LIST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	11-6-92 (date).
	1
Si	gned Cornel Lawson Clerk
10YCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Norman Liebschutz IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Place of Birth (State or foreign cou Death Annulment Last Marriage Ended By Divorce 🗌 Annulment Birth Certificate Other (Specify) Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Not Yes 🗌 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? If answer is "ves." has the adjudication been removed? No 🗆 No 🗆 Yes 🔲 Yes 🗌 No区 Are you related to the female applicant closer than second cousin't Yes 🗌 Yes 🔲 No 🗓 Yes 🔲 Yes 🔲 Yes 🗌 Yes 🔲 Residence of mother (if deceased, so state)___ Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, _____, authorizing the marriage of ___ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on NOVEMBER 28, 1992
in HENDRICKS County, Indiana. PAIGE E. EADS I, REV. WILLIAM P. HENDRICKS (date), at __AVON DENNIS H. THOMPSON, JR. of_ _ County, Indiana,_ HENDRICKS IN County _ _(state), and _ PAIGE E. EADS HENDRICKS IN ___ County_ ___ (state) were married by me as authorized ______County, Indiana, dated ______11-28-92_____

HENDRICKS

(official designation)

Circuit Court

MINISTER

Signed

under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: _/s/ REV. WILLIAM P. HENDRICKS

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

600

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

		Date of Application
	C 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes □ If No, Medical Examination of Report Dated
ci	ircuit court when the person applies for a marriage license under	Name of Physician
IC	C 31-7-3 commits a Class D felony.	
	MALE APPLICANT	FEMALE APPLICANT
Na	me michael Thughes Flannagan	Name Stace Marie Raberta
	te of Birth Month 4 Year 70	Date of Birth Ponth Day Year 70
	ace of Birth (State or foreign country) Indianapolicy Ind	Place of Birth (State or foreign country) Residence Address 80 et or R.R. City (According State ())
+	evious Marital Status: Never Marital & OR No. of Previous Maritages	10037 Poradbury Dr., Intelles
	st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Da	ate of birth verified by: Birth Certificate Other (Specify) Dn. Lie	Date of birth verified by: Birth Certificate Other (Specify)
1.	Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
	If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3.	Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4.	Are you now under the influence of a narcotic drug? List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6.	(a) Full name of applicant's father Mechael Jughes Flannings	Kd. (a) Full name of applicant's father Merrill C. Kaberts
	(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
	Residence of father (if deceased, so state)	Birthplace of father (State or foreign country)
	(b) Full maiden name of applicant's mother Susan J. Thalls	(b) Full maiden name of applicant's mother than the training to the training t
	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) New Palestine, An	(If adopted, list adoptive parents only) Residence of mother (If deceased, so state)
	Birthplace of mother (State or foreign country) Okluhoma	Birthplace of mother (State or foreign country) Sadisha
U th	acknowledge that I have received information regarding dangerous communicable diseases lat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date
ac	he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Lerk 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
	tate of Indiana) I swear/affirm that the information given outby of HENDRICKS // SS: // in the application is true and correct	State of Indiana) I swear/affirm that the information given Country of HENDRICKS SS: in this application is true and correct
C	Signed Michael H Hannegow (Signed Day Robbert
S	New Address 10037 BRADBURY DR IN UPLS IN 46231 upscribed and sworn to before me this 10 th day of 1000 19 92	New Address Same day of Nov. 1992
2	Clerk of the HENDRICKS Circuit Court	Crimic Lower Clerk of the HENDRICKS Circuit Court
	ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
	te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
Si	tate of Indiana)	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
	ounty of ID #	County of ID #
	lother ID #	MotherID #
Si	ubscribed and sworn to before me this day of, 19 Clerk	Subscribed and sworn to before me this day of , 19 Clerk
ō	COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
a		es and directs the issuance of a marriage license to the above named parties.
	RETURN OF MARRIAGE LICENS	
d	certify that there was filed in my office a marriage license issued by the Cle lated 11-10-92, authorizing the marriage of	MICHAEL HUGHES FLANNAGAN, JR.
I,	R. BRADLEY MILLER	I further certify that the following marriage certificate was filed in my office: (name), certify that on NOVEMBER 14, 1992 in HENDRICKS County, Indiana,
EL HUG	date), at PLAINFIELD HES FLANNAGAN, JR. of HANCOCK	County IN (state), and
	STACY MARIE ROBERTS of HENDRICKS Con	unty IN (state) were married by me as authorized
S	inder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/R. BRADLEY MILLER	PASTOR (official designation)
	Filed and recorded in accordance with the laws of the State of Indiana on	11-18-92 (date).
		Signed Connic Aurson Clerk HENDRICKS Circuit Court
	OYCE FORMS • SYSTEMS 1-800-382-4702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

601

Circuit Court

No. _

File .

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Thomas breist
MALE APPLICANT	FEMALE APPLICANT
Name Todd Lary Redfern	Name Lisa dilyn Knall
Date of Birth Month 1 20 Vear 62	Date of Birth Month Day Year
Place of Birth (State or foreign country) Indianapolis. In	Place of Birth (State or foreign country)
Residence Address Calblestone Rd. County Start City F. County County Start City.	Residence Address Street or R.R. City County State TO Wastin Rd. West P Ud. IN
Previous Marital Status: Never Married COR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) DA. Liu.	Date of birth verified by: Birth Certificate Other (Specify)
W/1. 620.	7.20
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No S Yes
If answer is "yes," has the adjudication been removed? No / Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No 反 Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
and the foll families of any superiority control	
Gerald of Long	6. (a) Full name of applicant's father David Allen Knoll
6. (a) Full name of applicant's father Server R. Religers (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Devid Allen (not)
Residence of father (if deceased, so state) Indianapalis, A.	Residence of father (if deceased, so state) P1+2 IN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) TD
(b) Full maiden name of applicant's mother Ungena dee Scharr	er (b) Full maiden name of applicant's mother Jennifer Ann Lent
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Indianapalia.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country). Nedraska	Birthplace of mother (State or foreign country) Th
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome. Signature of Applicant World S. Rugben Date 11-10-92	immune deficiency syndrome).
Signature of Applicant John 9. Ruggen Date 11-10-92	Signature of Applicant 1500 Cf. I Marci Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Woll D. Kulfur	Signed Sisca G. Mall
New Address SAME V Subscribed and sworn to before me this day of Nov. 19 D	New Address Subscribed and swgrn to before me this
Clerk of the HENDRICKS Circuit Court	Language Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
FatherID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in county authoriz	
and med m, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 11-13-92, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on NOVEMBER 13, 1992
(date), at DANVILLE	_ inHENDRICKS County, Indiana,
	CountyIN(state), and
LISA A. KNOLL of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of	nunty IN (state) were married by me as authorized County, Indiana, dated 11-13-92
Signed by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	11-13-92 (date).
	1 9
	Signed Onne Causon Clerk
	HENDRICKS Circuit Court

Circuit Court

602

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated Name of Physician Charles James A person who knowingly furnishes false information to a clerk of the somes MP circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death 🔲 Birth Certificate Other (Specify) No Yes No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 No / Yes Yes 🗌 If answer is "ves." has the adjudication been removed? No /Yes 🗆 No B Yes 🗌 No 1 Yes 🗌 No D Yes 🔲 No Yes No Yes 🗌 ACKNOWLEDGMENT information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court Carrie gawam clerk of the Circuit Court _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ _ County ___ __, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, dated 11-12-92 SHERRI LYNN WALKER _ . I further certify that the following marriage certificate was filed in my office:

____ (name), certify that on ___ NOVEMBER 21, 1992
in ____ BOONE ____ County, Indiana and SHERRI LYNN WALKEI
I, REV. THOMAS H. KERR WHITESTOWN (date), at _ _ County, Indiana,_ CHARLES BRIAN EDEN HENDRICKS IN County _ _(state), and _ SHERRI LYNN WALKER HENDRICKS IN (state) were married by me as authorized nty, Indiana, dated 11-12-92 _ County ___ under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. THOMAS H. KERR HENDRICKS County, Indiana, dated _ PASTOR _ (official designation) 11-25-92 Filed and recorded in accordance with the laws of the State of Indiana on_ Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 603

HEND	County File
	11-13-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Herring
MALE APPLICANT	FEMALE APPLICANT
Name Ray Allen Folck	Name Releva Enddle Tadd
Date of Birth Month Day Year O	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City RPE A County State
Previous Marrial Status: Never Marriad TO OR No. of Provious Marrianes	245 S. Washington St. Danville
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 5-91
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lio
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Roywise Land Folck (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Frank Folk (If adopted, list adoptive parents only) Residence of mother (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT If acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father batter todal to (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 tolet Rose Hedger (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 Color of the verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Frolch New Address Subscribed and sworn to before me this Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of Total Aday of Tot	State of Indiana County of HENDRICKS Signed Colema In this application is true and correct. New Address Subscribed and sworn to before me this day of Nav 19 92 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN)
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state of Indiana	
county of	State of Indiana) County ofHENDRICKS ss:
ather ID #	Father ID #
ubscribed and sworn to before me this day of, 19Clerk	Mother ID # Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
County	Court by written order issued
, authorizes	and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleri	of the Circuit Court of HENDBICKS
ated, authorizing the marriage of CELENA F. TODD CYNTHIA J. SPENCE	I further certify that the following manning and Co. 1.
RAY A. FOLCK OF HENDRICKS COURS	ounty IN (state), and
CELENA F. TODD of HENDRICKS Counter a marriage license that was issued by the Clerk of the Circuit Court of	TY (state) were married by me as authorized County, Indiana, dated 11-13-92
ghed by	, 1ST DEPUTY CLERK (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	11-13-92 (date).
Sig	ened Connietaioson Clerk
YCE FORMS + SYSTEMS 1-000-382-4702 1477	HENDRICKS Circuit Court

MARY ANN WUBBOLDING

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 13-92 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under Dr Derou IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Wistern Married OR No. of Pre Death Annulment Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate No D Yes 🔲 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 No 🗆 Yes 🔲 Yes 🔲 No D No 🛛 Yes 🔲 Yes 🗌 No D Yes 🗌 Yes 🗌 No 🖾 Yes 🗌 Yes 🔲 Lingeana Cirgiana Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Date Clerk of Court State of Indiana i deward Br. 2020 PLAINFIELD TO Corne hawson Clerk of the We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ County ____ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of $\frac{11-13-92}{}$, authorizing the marriage of $\frac{}{}$ RALPH ERIC WESTERN HENDRICKS authorizing the marriage of __ and MARY ANN WUBBOLDING _ . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on __NOVEMBER_14, 1992 I, _ REV. D. MICHAEL WELCH (date), at SPEEDWAY
RALPH ERIC WESTERN SPEEDWAY MARION _ County, Indiana,_

_ County _

11-17-92

County_

IN

CATHOLIC PRIEST (official designation)

HENDRICKS

HENDRICKS

HENDRICKS

_ of__ under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: /s/ REV. D. MICHAEL WELCH

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

_(state), and _

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 11-13-92

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. _ 605

HEN!	DRICKS County File
	1/-13-92
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 1/1-4-92
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Charles Stripple HD
10 C. 1 C Committe a Class D leiblig.	
MALE APPLICANT	FEMALE APPLICANT
Name () (First Middle) Past	Name First Middle Last
Date of Birth Month, Day, Typers	Date of Birth Month in August Honchell
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. A. City County Street	- Indianapales In.
6020 F 91 N Lat 29 Ornalle In	Residence Address E 91 N Lat 28 Navaelle In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1996
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
NA MA	Solito (specify) N.A. A.C.
1. Are you now or have you ever been adjudged to be of unequand mind?	
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 1. Ligt the full names of any dependent children.
	William Ballard Dr. 9 ups.
6 (a) Full name of applicants to Michael Mo. D. A.	Macy Bullary 5 yig.
6. (a) Full name of applicant's father were fully fully formation (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Clyde Harald Downin.
Residence of father (if deceased, so state) Davaelle In.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country).	A Birthplace of father (State or foreign country) Indiaga
(b) Full maiden name of applicant's mother related unelle danker (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Pauline Theeler
Residence of mother (if deceased, so state) Danaelle, Jn.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Children Buens pate 11-13-62	immune deficiency syndromes
Date 1110	XSignature of Applicant Denne L. Hunchele Date 11-13-92
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDICES in this application is true and correct.
New Address CO20F91.N Lot 29	X Signed Dense & Yorkehell New Address Same
Subscribed and eyern to before me this	Subscribed and Sworn to before me this 130 day of 1 overmons
Clerk of the HENDRICKS Circuit Court	Canten auston clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Anther ID #	Father ID #
Subscribed and sworn to before me thisday of	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY CODED OF COURT	
County	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	·
certify that there was filed in my office a marriage license issued by the Cle	net of the Cinesis Court of HENDRICKS
DENICE I VNN HONGHELL, authorizing the marriage of	CLIFFORD DELLMER BYERS
CYNTHIA J. SPENCE	. I further certify that the following marriage certificate was filed in my office:
date), at DANVILLE	(name), certify that on NOVEMBER 17, 1992
CLIFFORD DELLMER BYERS of HENDRICKS	County IN (state) and
DENISE LINN HONCHELL of HENDRICKS Cou	inty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/S/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK County, Indiana, dated
	11'-17-92 (Official designation)
and by the state of that and on	(date).
S	signed Connie Lawson Clerk
DYCE FORMS • SYSTEMS 1-800-362-8702 1477	HENDRICKS Circuit Court

Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

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

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Female Applicant 50 No X Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated 11-10-92

Name of Physician S. M. Ball, H.D. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No D No . Yes 🔲 No / Yes Yes 🔲 Yes 🗌 No /Yes 🗌 w under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Date 16 Nov 92 Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court __ Clerk of Court HENDRICKS SAME HENDRICKS _ Circuit Court _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County ___ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______ 16th NOV. 92 ______, authorizing the marriage of _______ DONALD M. YORE HENDRICKS _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____11-21-92 MELISSA MARIE GREEN _ (name), certify that on ___ MARK L. KING

DANVILLE in HENDRICKS _ County, Indiana,_ _ County ____ IN HENDRICKS _(state), and _ DONALD M. YORE (state) were married by me as authorized HENDRICKS _ County ____ MELISSA M. GREEN HENDRICKS County, Indiana, dated _ under a marriage license that was issued by the Clerk of the Circuit Court of _, MINISTER (official designation) Signed by: /s/ MARK L. KING 11-23-92 _ (date). Filed and recorded in accordance with the laws of the State of Indiana on_

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

File_

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated //-/2-92 Name of Physician Aud Taggard, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name / First / Pliddle / Day
Date of Birth Month, Day, O Year 1	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. (Street or R.	Residence Address A Street or R BO ACUV 'A Course A State
1435 Kagar Ct., Phenfield, In.	1435 Ragar Ct., Flainfield In 46168
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: New Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Other (Specify) In. Lic.
. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? Not Yes
Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Now Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Royald Nerald	6. (a) Full name of applicant's father Royald Rushton Hero
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Clarify, Sm.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother faulent Marie Herren	Birthplace of father (State or foreign country). Shitting the fall of the full maiden name of applicant's mother Vickie Sue Fals.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Clayton, In.	Residence of mother (if deceased, so state) Planyfully In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired armune deficiency syndrome). Date 11/16/92	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome) Signature of Applicant Date 1///6/
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana I swear/affirm that the information given because of the information given in this application is true and correct.	State of Indiana) ss: County of HENDRICKS AN Sec DA County of in this application is true and correct.
New Address Same	Signed Willeton Pieces New Address SAMC
ubscribed and sworn to before me this 16 th day of 200 19 9 2	Subscribed and sworp to before me this 16 th day of 700 19 92
Clerk of the HENDRICKS Circuit Court	Craine Laws Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
state of Indiana)	State of Indiana)
ounty of	County of HENDRICKS ss:
atherID #	Father ID #
other ID # ubscribed and sworn to before me this day of, 19	MotherID #
Clerk	Clerk
	A marriage license having been refused to the above named parties, theCourt, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of ndANGELA CHANTEL PLEW	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, JOSHUA RAY HERALD — . I further certify that the following marriage certificate was filed in my office:
JAMES FLATER date), atCLAYTON	(name), certify that on NOVEMBER 21, 1992
TOCHUA DAY HEDALD	in HENDRICKS County, Indiana, (state) and
ANCEL A CHANGEL DIEN	CountyIN(state), and untyIN(state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 11-17-92
igned by: /s/ JAMES FLATER	PASTOR (official designation) 11-30-92 (date).
iled and recorded in accordance with the laws of the State of Indiana on	11-30-92 (date).
	Signed Cornie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	FEMALE APPLICANT
MALE APPLICANT	August a best 1
ame South Warne Middle Miller	Name Kathryn Kimball Wickett
ate of Birth Month Day 25 Year 70	Date of Birth Month 8 Day 5
	Place of Birth (State or foreign country)
ce of Birth (State or foreign country) Beech Grove, A.	Residence Address Street or R.R. County - State
idence Address Street or R.R. City County State	5333 aron Ad. Harnfield, n.
OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
at Marriage Ended By: Death Divorce Annulment Date	
te of birth verified by: Birth Certificate Other (Specify) M. Lica -	Date of birth verified by: Quirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? Yes Yes Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the initiative of all abortons solutions
Are you now under the influence of a narcotic drug?	4. Are you now under the initiative of a hardest distribution
List the full names of any dependent children.	5. List the full names of any dependent children.
	D. A. M. A.
Gerdon Ellis Miller	6. (a) Full name of applicant's father Larenine K. Mickett
(a) Full name of applicant's father (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Dlining, T. Will
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Minnison Batel
(b) Full maiden name of applicant's mother Brane Campbell	(b) Full maiden name of applicant's mother Arten Bruck (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state) New Richmond, In
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test ates for the virus that causes AIDS (acquired
mmune deficiency syndrome). All Mills Date 11-16-92	Signature of Appleam Cathery Church Date 11-16-9
Signature of Applicant Acoust W. Mulin Date 11-16-16	Signature of Applicant / 80 - 9 / 100 -
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of animation of significant has objected to vernying by bath of significant has objected to be significant himself of the significant has objected to be significant himself of the significant has objected to be significant has objected to be significant himself of the significant has objected to be significant himself of the significant has objected to be significant himself of the significant has objected to be significant himself of the significant has objected to be significant himself of the significant has objected to be significant himself of the significant has objected to be significant himself of the significant hi	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	State of Indiana
State of Indiana I swear/affirm that the information given ss: HENDRICKS AD AD AD AD AD AD AD AD AD A	State of Indiana County of HENDRICKS In this application is true and correct
County of	signed Pathya J. Wilkey
New Address Same	New Address Same 2 42
Subscribed and sword to before me this	Subscribed and sworn obefore me this Lo day of Arrow, 19 9 2 HENDRICKS Circuit Cour
Onnie Jamon Clerk of the HENDRICKS Circuit Court	Clerk of the HENDARAS Circuit Cour
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	state facts which make the consent of the other parent unnecessary
state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana
County of HENDRICKS SS:	County of HENDRICKS
Father ID #	FatherID_#
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to berote the timeCler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authori	zes and directs the issuance of a marriage license to the above named parties
DETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
11 16 03 authorizing the marriage of	SCOIL WAINE DIFFER
	I further certify that the following marriage certificate was filed in my office
THE PARTY OF THE PARTY WITCHESTER	(name), certify that on NOVEMBER 21, 1992
THE PARTY OF THE PARTY WITCHESTER	
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE	inMONIGOREKI County, Indiana,
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE SCOTT WAYNE MILLER of HENDRICKS	
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE SCOTT WAYNE MILLER of HENDRICKS THRYN KIMBALL WICKETT of HENDRICKS	
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE SCOTT WAYNE MILLER of HENDRICKS FHRYN KIMBALL WICKETT of HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of	County IN (state), and IN (state) were married by me as authorized to the MENDRICKS County, Indiana, dated 11-16-92
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE SCOTT WAYNE MILLER of HENDRICKS FHRYN KIMBALL WICKETT of HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: 15/ DAVID E. ROSEN	County IN (state), and IN (state) were married by me as authorize of PASTOR (official designation)
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE SCOTT WAYNE MILLER of HENDRICKS THRYN KIMBALL WICKETT of HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of	
and KATHRYN KIMBALL WICKETT I, DAVID E. ROSEN (date), at CRAWFORDSVILLE SCOTT WAYNE MILLER of HENDRICKS FHRYN KIMBALL WICKETT of HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: 18/1 DAVID E. ROSEN	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No X Yes

If No, Medical Examination or Report Dated

Name of Physician Company 1 2700 1

MALE APPLICANT	FEMALE APPLICANT
lame First Middle Last	Name Karther Middle Last
tate of Ritth Morth Day Year	Date of Birth Month Day Year
Date of Birth Month 28 55	Place of Birth (State or foreign country)
lace of Birth (State or foreign country)	Place of Birth (State or Toreign Country)
esidence Address Street or R.R. City Property State	Residence Address Street or R.R. City County State
art c. raginaria in regiment	
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify) Driver's Ricense	Date of birth verified by: Birth Certificate Other (Specify) Driver 5 License
and of this contract of	
	1. Are you pow or have you ever been adjudged to be of unsound mind?
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now of flave you con adjudged to be
If answer is "yes," has the adjudication been removed? No Yes Yes Yes	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? Note: Yes :: Yes
Are you related to the female approach closer than the second state of the second stat	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Andrea Luna
1) 0110	Marin Dean Bruant
(a) Full name of applicant's father Walpie Allen	6. (a) Full name of applicant's father Morvin Dean Bryant
(If adopted, list adoptive parents only) Williams	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Hesidence of father (if deceased, so state)	Birtholace of father (State or foreign country)
Managent & Brish	(b) Full maiden name of applicant's mother hathleen Lakee Mi
(b) Full maiden name of applicant's mother Throughur C. Secretary (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Tudlana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Andlana	Birthplace of mother (State or foreign country) 1115 burg
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	immune deficiency syndrome).
Inmune deficiency syndrome). The Eddlen Date	Signature of Applicant Salkeller falle for Date 11-17-92
) and the state of	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clork of Court
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) / Swear/affirm that the information given
County of HENDRICKS () ss: protein application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed & flerrey Ellen	Signed of affill ya kelfull
New Address Dane as above	New Address Subscribed and sworp, to before me this
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of
CONSCIL FIGURAGE Clerk of the HENDRICKS Circuit Court	Clerk of the Clerk of the
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of
Tather ID #	Patrier
Aother ID #	Mother
Subscribed and sworn to before me thisday of, 19Clerk	Clark
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, autho	rizes and directs the issuance of a marriage license to the above named parties.
DETUDN OF MADDIAGE LICE	NSE AND MARRIAGE CERTIFICATE
I 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	GARY E. ALLEN
and KATHLEEN L. LUNA	I further certify that the following marriage certificate was filed in my office:
REV. BRET S. MYERS	(name), certify that on
(date), atLYONS	in GREENE County, Indiana,
GARY EARL ALLEN of HENDRICKS	
	County (State) were married 11 21 02
under a marriage license that was issued by the Clerk of the Circuit Court	ofCounty, Indiana, datedPASTOR(official designation)
Signed by: /s/ REV. BRET S. MYERS	
Filed and recorded in accordance with the laws of the State of Indiana on	O C
	Signed Corne Lawson Clerk
	Signed Clerk

Circuit Court

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 11-4-92 Name of Physician Min.
MALE APPLICANT	FEMALE APPLICANT
Date of Birth Month 7 Day 28 Year 67	Date of Birth
Place of Birth (State or foreign country) Residence Address 7. Free or R.R. 245 7. Free or R.R. 245 7. Free or R.R. 245 7. Free or R.R. 259 25 26 27 26 27 28 29 20 20 20 20 20 20 20 20 20	Place of Birth (State or foreign country) Residence Address Street or R.R. County County State County County County State Previous Marital Status: Never Married GR.No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Oother (Specify) Nr. Zrc.	Date of birth verified by: Birth Certificate Souther (Specify) Dr. Zic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes Yes Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(if adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother Tatricial moster (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	6. (a) Full name of applicant's father Ames Del Small (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Andron M. Birthplace of father (State or foreign country) Additional Shall (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Allyndia In. Birthplace of mother (State or foreign country) Indianal
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). All All All All All All All All All Al	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date //-/7-93
The 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
Signed Sound of HENDRICKS Signed Sound of Hendricks New Address Sound day of HENDRICKS Superior of Hendricks day of Hendricks Circuit Court	State of Indiana County of HENDRICKS Signed Signed Amelian Signe
ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ss: ounty of	State of Indiana) County of HENDRICKS) Ss:
tother ID # ubscribed and sworn to before me this day of, 19 Clerk	Mother ID # Subscribed and sworn to before me this day of, 19
	marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of FindJAMI LEIGH SMALL	rk of the Circuit Court of HENDRICKS County Indiana
ROBERT DAVID HAYDEN of HENDRICKS	_ inHENDRICKS
JAMI LEIGH SMALL of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of igned by: _/s/ CYNTHIA J. SPENCE	IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 11-17-92 1ST DEPUTY CLERK (official designation) 1-17-92 (date).
	igned Connie Lawson Clerk HENDRICKS Circuit Court

Signed by: /s/ LOUISE DUNN

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

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 55 Never Married 23/ Never Married OF OR Divorce Annulment Date 1988 Death 🔲 Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 or have you ever been adjudged to be of unsound mind? is "yes," has the adjudication been removed? Yes 🗌 No [Yes 🗌 to the female applicant closer than second cousin? No Ves Nd Yes 🔲 No Yes Yes 🗌 No Yes ACKNOWLEDGMENT **ACKNOWLEDGMENT** that I have received information regarding dangerous communicable diseases wledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana State of Indiana Circuit Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN rents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County ___ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated ______, authorizing the marriage of ______ MARK_EDWARD_CERK REBECCA ANN DOUGHERTY ___. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____ DECEMBER 18, 1992
__ in ____ MARION ____ County, Indiana. I, LOUISE DUNN (date), at ___INDIANAPOLIS __ County, Indiana,_ MARK EDWARD CERK IN $_(state)$, and $_$ REBECCA ANN DOUGHERTY of_ JOHNSON County_ under a marriage license that was issued by the Clerk of the Circuit Court of

HENDRICKS

(official designation)

Circuit Court

MINISTER

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination of Report Dated 11-10-92 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Place of Birth Name Place of Birth Street or R.R. Billy County State County State Previous Marital Status: Never Married OR No. of Previous Marriages	Name First Addidise Telegraphy
Last Marriage Ended By: Death Divorce Annulment Date 1985 Date of birth verified by: Birth Certificate Other (Specify) Nr. Liu.	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Birth Certificate Steer (Specify) Dr. Luc.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes Are you now under the influence of an alcoholic beverage? No Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Charles (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 Margaret Koane (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(if adopted, list adoptive parents only) Residence of father (if deceased, so state) Full maiden name of applicant's mother Melba Lauise Ruhlma (if adopted, list adoptive parents only) Full maiden name of applicant's mother Melba Lauise Ruhlma (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 11-18-92	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 11/16/92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Faul E. Fritched New Address Same Subscribed and sworn jobefore me this 18 day of 1992 HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Junda Kelly New Address K Box 217 Juntary Subscribed and sworn to before me this 17 Ca day of The 19 92 Connic days Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Claded	PAUL EUGENE PRITCHETT I further certify that the following marriage certificate was filed in my office: (name), certify that on NOVEMBER 28, 1992 in HENDRICKS County, Indiana, County IN (state), and unty IN (state) were married by me as authorized
BOYCE FORMS - SYSTEMS 1-800-382-8702 1477	Signed Chrul Caus Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 613

____ Clerk _Circuit Court

HEND.	ORICKS County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated //-/8-92 Name of Physician Th.
MALE APPLICANT	FEMALE APPLICANT
ame Afrist A Middle pst h tai	Name Kimbeale Middle Talla lit
Date of Birth Month Wear 70 Place of Birth (State or foreign country)	Date of Birth Month Day Year 7 Place of Birth (State or foreign country)
Residence Address Street cyR.R. Roll City Bay Square State State 354 Apple Rd. Bay Sql St. Faris Oh. Previous Marital Status: Never Married & OR No. of Previous Marriages	Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Dr. Liv.	Date of birth verified by: Suith Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Rabert Michael Rokstein	ed (a) Full name of applicant's father Raymond Rugery Tolot
(If adopted, list adoptive parents only)	c. (a) Full name of applicant's father Raymond Rugere 14 of
Residence of father (if deceased, so state) St Yaris, Oh.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Diama Lynn Smith	(b) Full maiden name of applicant's mother Cyrena Claine W
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (If deceased, so state) Daniell, Un
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT	ACKNOW EDOMENT
acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). / / \ C \	immune deficiency syndrome)
ignature of Applicant John D. Ec15te Date 11-18-92	Signature of Applicant Kimberly ann Hoffedity Date 11-18-92
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed John D. Eclipter	Signed Kinbuly and Holledita
New Address Box 35 5T. Paris, Oh. 43072	New Address Box 35; St. Paris, Okio 43072 Sybscribed and sworn to Defore me this 18 day of 20 19 92
specified and sworn to before me this 18th day of 100 1992	
Thrie Jawson Clerk of the HENDRICKS Circuit Court	Connic Jawan Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
itate of Indiana) Secretical HENDRICKS SS:	State of Indiana)
outily of	County of
ather ID # ID #	FatherID #
ubscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OUR FIF IF MARKET	
OMPLETE IF MARKIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	to the manage hourse to the above frames parties.
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of HENDRICKS County, Indiana,
ated, authorizing the marriage of	JOHN DOUGLAS ECKSTEIN
nd KIMBERLY ANN HOFFEDITZ	. I further certify that the following marriage certificate was filed in my office:
REV. RONALD E. MCDUGLE	(name), certify that onDECEMBER 12, 1992
TOUN DOUGLAG EGYGMETAL GUARDATON	in HENDRICKS County, Indiana,
VIMPERIVANNI HOPPERING	County OHIO (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	usuppiere (state) were married by me as authorized
igned by: /s/ REV. RONALD E. McDUGLE	
iled and recorded in accordance with the laws of the State of Indiana on	12-17-92 (date).
	00

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HFND	PRICKS County File
	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated Name of Physician ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
MALE APPLICANT	FEMALE APPLICANT
Name / First Middle O Last	Name Starey Benita Blythe
Date of Birth Month Day Year 42	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County — State 802 L. Grapher Findels. III	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8 - 2 7 - 89	Last Marriage Ended By: Death Divorce Annulment Date 2.11.9
Date of birth verified by: Birth Certificate Bother (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate (A)Other (Specify) Dy . Lie .
Are you now or have you ever been adjudged to be of unsound mind? No Yes Ye	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? Yes Yes Yes □	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes □
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? . No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? Nicole No Yes 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Veneral Franklin Barr	6. (a) Full name of applicant's father Fred Mochtine . It
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Rounsburg
Residence of father (if deceased, so state) Lodges Lo	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Bertha Frence.	(b) Full maiden name of applicant's mother Rema Joyce Allman
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Detegsed	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Brownsburg To
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant **Denoted Steven Board** Date No. 18,92**	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Date 11-18-
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS In this application to freet. Signed X Venaral Steven 15 cm	County of HENDRICKS ss: in this application is true and correct Signed X County Bly H. New Address
New Address 1802 f. Bimber Indps. IN	New Address
Subscribed and sworn to before me this day of November 92 Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SSS: Father	County of HENDRICKS ss:
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authoriz	ces and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	VENARD STEVEN BARR I further certify that the following marriage certificate was filed in my office
I, JEFFREY V. BOLES	(name), certify that onDECEMBER 2, 1992
\(\text{(date), at DANVILLE} \) \(\text{VENARD STEVEN BARR } \(\text{of _ MARION} \)	in HENDRICKS County, Indiana, County IN (state), and
STACEY BENITA BLYTHE of HENDRICKS Co	unty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ JEFFREY V. BOLES	
Filed and recorded in accordance with the laws of the State of Indiana	12-8-92 (data)

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

615

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves II-16-92 If No, Medical Examination or Report Dated II-16-92 Name of Physician X Sterling Do.
MALE APPLICANT	FEMALE APPLICANT Name First Middle, Last
Glarge Michael Kloty	Nawn Maire Mapler
Date of Birth Park 22 Year 60	Date of Birth Month 6 Day 8 Year 63
Place of Birth (State or foreign country) Phaenis as.	Place of Birth (State or foreign country)
Residence Address Street or R. City Agounty Described	Residence Address Speet or R.R. City Southly Style Land
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
The Alexander	The state of the s
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed? No / Yes /	If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Gearge Kergere Klatz	6. (a) Full name of applicant's father Harald Edwin Rapier
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Lake Monteguna, age	Residence of father (if deceased, so state) Indianapalus, In.
(b) Full maiden name of applicant's mother Mary Elizabeth Belong	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Newgek, M. J.	Residence of mother (if deceased, so state) Infungalists.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 11/19/92	Signature of Applicant Dawn ENaguer Date 11/19/92
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed New Address SAME	New Address Same
Subscribed and sworn to before me this 199 day of Mrs. 19 92	New Address Subscribed and sworn to Defore me this 19th day of 2007, 19 92
Correll Research Clerk of the HENDRICKS Circuit Court	Circuit Court Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) WENDRICKS SS:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of HENDRICKS SS:
FatherID #	Father ID #
Subscribed and sworn to before me thisday of	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of andDAWN ELAINE NAPIER	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on NOVEMBER 28, 1992
(date), atSPEEDWAY	in MARION County, Indiana,
	County IN (state), and IN (state) were married by me as authorized
DAWN ELAINE NAPIER of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as aumorized
Signed by: /s/ REV. DAVID K. HARNESS	, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-16-92 (date).
	Signed Connie Lawson Clerk
80YCE FORMS + SYSTEMS 1-800-368-6702 1477	Signed Clerk HENDRICKS Circuit Court

No. 616

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	11-20-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1/-15-92 If No, Medical Examination of Report Dated 1/-15-92 Name of Physician 1/-15-92
MALE APPLICANT	FEMALE APPLICANT
Name Richard Hard Wellman	Name Char Entelleen Sarage
Date of Birth Month Day 2 4 Year 4 2	Date of Birth Month / Day (Year L C
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County Stay
996 Cesar Mr., Margal & Sn.	Previous Marital Status: Never Married □ OR No. of Previous Marriages
Previous Marital Status: Never Married OR No. of Previous Marriages	1000
Last Marriage Ended By: Death Divorce Annulment Date 1987	- / ND
Date of birth verified by: Birth Certificate Other (Specify) D. Tu.	Date of birth verified by: Birth Certificate Chiher (Specify) D. J. L.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Chad Willown 20 yrs.	
6. (a) Full name of applicant's father George He. Wellmon	6. (a) Full name of applicant's father Harry Paul Rass
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Betty Jane Minkle	y (b) Full maiden name of applicant's mother mildelle . Jeft
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrogene),
Signature of Applicant Suched Wellman Date /// 1/8.52	Signature of Applicant Clsa Hargran Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS In this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Richel Wollmun New Address SAME	Signed Elea Hargraves New Address Same
Subscribed and sworn to before me this 204 day of 2017, 19 92	Subscribed and sworn to gefore me this 20 d day of 200 1992
Consider Jacobson Clerk of the HENDRICKS Circuit Court	Cornie Jairs Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
The state of the s	and directs the issuance of a marriage meeting to the above flamed parties.
	SE AND MARRIAGE CERTIFICATE ork of the Circuit Court of HENDRICKS County, Indiana.
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, RICHARD EARL WELLMAN
and ELSA KATHLEEN HARGRAVES	I further certify that the following marriage certificate was filed in my office:
DIATNETELD	UENDBITYS
RICHARD EARL WELLMAN of HENDRICKS	County IN (state) and
ELSA KATHLEEN HARGRAVES of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ DANNY VAUGHN	HENDRICKS County, Indiana, dated 11-25-92
Filed and recorded in accordance with the laws of the State of Indiana on	
The wife of the state of matter of the state of matter of	1.0
	Signed Conne Jawson Clerk
BOYCE FORMS - SYSTEMS 1-000-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No617
HEND!	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗵 Yes 🗆 If No, Medical Examination or Report Dated Name of Physician Hendricks Lo. Lab
MALE APPLICANT	FEMALE APPLICANT
Name First Last L	Date of Birth Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed Signed Signed Signed Subscribed and sworn to before me this day of Signed S	State of Indiana County of HENDRICKS Signed ALISTO L- WIST in this application is true and correct. New Address Subscribed and sworn to before me this 33 day of Nov, 19 11-33-92 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana) ss: County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated	erk of the Circuit Court of HENDRICKS County, Indiana, GARY L. HOOVER
andTRISHA L. WEST I,S. V. STILES (date), atDANVILLE GARY L. HOOVER of HENDRICKS	(name), certify that onDECEMBER 5, 1992 inHENDRICKS County, Indiana,
TRISHA L. WEST of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ S. V. STILES	unty IN (state) were married by me as authorized

Signed by:

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician ___ Thomas Toaretto M.D IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No B Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗌 Yes 🔲 er is "yes," has the adjudication been removed? No 🗆 Yes 🔲 No 🗹 / Yes 🗆 ed to the female applicant closer than second cousin? No Yes 🔲 No V Yes 🗌 No Yes 🔲 Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Balleen Clerk of Court _ State of Indiana I swear/affirm that the information given HENDRICKS uto D. Dei SAME Subscribed and sworn to before me this day of no. 19 92 HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS County of _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued ___ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ____, authorizing the marriage of ___ and _ _ . I further certify that the following marriage certificate was filed in my office: ___ (name), certify that on ___ (date), at _ ___ County, Indiana,__ County ___ _(state), and _ (state) were married by me as authorized _ County ___ under a marriage license that was issued by the Clerk of the Circuit Court of ___ _County, Indiana, dated _

Signed_

_ (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1/-18-92 If No, Medical Examination of Report Dated 1/-18-92 Name of Physician No. Sharp.
MALE APPLICANT	FEMALE APPLICANT
ame H First A Middle ' Flast	Name Parkella Middle Love Love
e of Birth Ponth , 3 Day , Year / Year	Date of Birth Month Day 7 Year / 2
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
Madervoelle, In.	Residence Address Arest or R.R. Sity County State
1987 W Then Plringell In.	TCRI Buy 284 Spencer, In 474
ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 1990	Last Marriage Ended By: Death Divorce Annulment Date 1990
- Y A. P.	Date of birth verified by: Birth Certificate Agther (Specify)
e of birth verified by: Sirth Certificate Specify)	10/1.000
Are you now or have you ever been adjudged to be of unsound mind? Not☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes 1. Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children
(a) Full name of applicant's father Frank Marion Love	6. (a) Full name of applicant's father C. a. William Swape
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Placefull In	Residence of father (if deceased, so state) Claufton In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Marily Trase Rando	(b) Full maiden name of applicant's mother therefore fund the City (if adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Placehealt.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome).	immune deficiency syndrome). In late Date 11-24-
gnature of Applicant Ofary Aove Date 1112419	Signature of Applicant Nochulla V. Jave Date 77-27
ie above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
ork of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unty of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Si	Signed Sachella Jan New Address SAME
New Address Ditutor, N47460 7K 60 X 1876 bscribed and sworp to before me this 247 day of 777, 19 92	New Address Subscribed and sworp to before me this 240 day of Non 1992
The favor Clerk of the HENDRICKS Circuit Court	Connie Sawan Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, te facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tte of Indiana) HENDRICKS SS:	State of Indiana) State of Indiana) State of HENDRICKS ss:
unty of HENDRICKS	County of
her ID #	Father
bscribed and sworn to before me this day of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
atted 11-24-92, authorizing the marriage of _	GARY DAVID LOVE
	I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 2, 1992
REV. R. L. MURPHY late). at INDIANAPOLIS	in MARION County, Indiana,
GARY DAVID LOVE of HENDRICKS	County IN (state), and
OCHELLA DARLENE LOVE of OWEN Co	ounty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	
gned by: /s/ REV. R. L. MURPHY D.D.	, PASTOR (official designation) 12-7-92 (date).
ed and recorded in decordance with the laws of the State of Indiana on_	0
	Signed Connie Lawson Clerk

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HEND	County HIE //-24-92 Date of Application
231-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No Yes 11-24-92 If No, Medical Examination or Report Dated 11-24-92 Name of Physician 6. Clark, M.D.
MALE APPLICANT	FEMALE APPLICANT
WALE AFFLICANT	Name A First - O Middle A Last A .
Frederick Scatt Cunningham	genet Lee Carnellus
te of Birth Morth 2 Day 6	Date of Birth Month Cay 28 Year 5-9
ce of Birth (State or foreign country) Indiana nio-line . In	Place of Birth (State or foreign country)
whence Address . A Street or RR. A City County D. State /	Residence Address Street or G.B.D. City Jounty D. State 'A
36 apt A Inkeside apts. Plunfield	. 636 apt A sixeside apto. Prinquis
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date 1991	Last Marriage Ended By: Death Divorce Annulment Date 1974
	Date of birth verified by: Birth Certificate Other (Specify)
e of birth verified by: Birth Certificate Dother (Specify) Tahian Indentificate	Date of Collin springed by. Gorini Continued Collins (April 1977)
	Are you now or have you ever been adjudged to be of unsound mind? Notify Yes
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes." has the adjudication been removed? No ☐ / Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
AO.D.: 0	A. (a) Full name of applicant's father Deange Vanis Lynn
(a) Full name of applicant's father Durk Ruchaus Currington	(if adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Acksonnelle, Ala.	Residence of father (if deceased, so state) Clayton, In.
Birthplace of father (State or foreign couply)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Brilla Jayce McClass	(b) Full maiden name of applicant's mother langel Remonder
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Take City, Fla.	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
acknowledge that I have received information regarding/dangerous/communicable diseases at are sexually transmitted, and a list of the lest sets for the virus that causes AIDS (acquired nume deficiency syndroms). Instruct Date 11-24-72 The above applicant has objected to verifying by oath or affirmetion or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date II-24.9
knowledgment because of religious beliefs. Park of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana) / I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Fredrick (Mot Cunnings	New Address Clakesiale Apt 634 A Plainfield
New Address SAME AS ABOVE J Abscribed and sworn to before me this 244 day of Not 1992	Subscribed and sworn to before me this 24 day of 100 19 92
described and sworn to defore me this AT day of HENDRICKS Circuit Court	Chrise Jawan Clerk of the HENDRICKS Circuit Court
DISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
at at federal	State of Indiana
te of Indiana) ss:	County of HENDRICKS 55:
herID #	Father ID #
therID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authori	izes and directs the issuance of a marriage license to the above named parties.
	ICE AND MARRIAGE CERTIFICATE
	ISE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the C tted, authorizing the marriage of	FREDRICK SCOTT CUNNINGHAM
JANET LEE CORNELIUS	. I further certify that the following marriage certificate was filed in my office:
HUBERT GREEN	(name), certify that on DECEMBER 12, 1992
late), at PLAINFIELD	in HENDRICKS County, Indiana,
REDRICK SCOTT CUNNINGHAM of HENDRICKS	_ CountyIN(state), and
	County (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	of HENDRICKS County, Indiana, dated 11-24-92
igned by: /s/ HUBERT GREEN	, PASTOR (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	12-15-92 (date).
	and Carain Law
	Signed Clerk HENDRICKS Circuit Court
	CIrcuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 621

HEND	County File
	11-24-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes 1/-17-92 If No, Medical Examination or Report Dated 1/-17-92 Name of Physician Robert Neavin, Miss.
MALE APPLICANT	FEMALE APPLICANT
Name () State () Middle () Last ()	Name of First Associate Control of the Control of t
Date of Birth Day Year 71	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A Street or R.R. City A Coonty State	Residence Address, Street or R.R., CMD / County State ()
RRI Bax 186 Crateraille In	RP# 1 Bay 491 Cratesaille In. 46/21
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Souther (Specify) Dr. Lie.	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?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Not□ / Yes □	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father Maurice Fred Callier	6. (a) Full name of applicant's father Collegeandrew Johnson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Crallsoelle In.	Residence of father (if deceased, so state) Castesvelle, Sn.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Thury Buth Town (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother for the first and the first adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Critisaille In.	Residence of mother (if deceased, so state) Crateraelle, In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant Leffrey Todd Collie Date Nov24792	Signature of Applicant Jasua Ju phroon Date 11-2492
The share policest has objected to verifying by path or officmation or signature to the share	The shows applicant has objected to varifying by eath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Jeffrey Sold Collin	Signed Jaura Del Phrson
New Address 244 2 22	New Address 242 M _ 23
Subscribed and sworn to before me this 24th day of Nov., 1992 Shall Kawan Clerk of the HENDRICKS Circuit Court	Subscribed and sworp to before me this 2 9 day of 19 92 Clerk of the HENDRICKS Circuit Court
On Court Court	Circuit Cont
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana) ss:
county of HENDRICKS ss:	County of HENDRICKS ss:
atherID #	FatherID #
tother ID # subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
ubscribed and sworn to before me this day or, 19 Clerk	Subscribed and sworn to before me this day or, 19 Clerk
OMPLETE IE MARRIAGE LICENSE INCHES IN CONTRACTOR	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the C	SE AND MARRIAGE CERTIFICATE The state of the Circuit Court of
ated 11-24-92, authorizing the marriage of _	terk of the circuit court of
and LAURA LEE JOHNSON	I further certify that the following marriage certificate was filed in my office:
TED A. MILLER	(name), certify that on NOVEMBER 27, 1992
date), atAMO JEFFREY TODD COLLIER of HENDRICKS	inHENDRICKSCounty, Indiana, County IN (state) and
TAMPA FEE TOUNGON - WENDDICKS -	_ CountyIN (state), and ountyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 11-24-92
Signed by: /s/ TED A. MILLER	, PASTOR (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	12-1-92 (date).
	and Carried L
	Signed Clerk HENDRICKS Circuit Court
	CIPCUIT COUPT

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 25-92 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Previous Marital Status: Death Divorce ment 🔲 Death 🔲 Last Marriage Ended By: Birth Certificate Birth Certificate No Yes 🗌 No Yes 🔲 No 🗆 Yes 🗌 No 🗆 Yes 🗌 Nov Yes 🗌 NoV Yes 🗌 No Yes 🗌 No Yes 🗌 No D Yes 🗌 No D Yes 🗌 List the full names of any dependent children **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous cor The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs. Clerk of Court State of Indiana HENDRICKS DANVILLE Cornie Jawan Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig HENDRICKS County of __ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, AMY RACHELLE JONES , authorizing the marriage of ___RICHARD JESSE PORTER _ . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on ______ DECEMBER 12, 1992 I, _ J. K. WARRICK in MARION ___ (date), at INDIANAPOLIS
RICHARD JESSE PORTER

KNOX

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

HENDRICKS County

AMY RACHELLE JONES

_ County _ OHIO

12-15-92

IN

HENDRICKS

County, Indiana,_

SENIOR PASTOR (official designation)

_(state), and _

(state) were married by me as authorized

Clerk Circuit Court

County, Indiana, dated 12-12-92

Signed by: /s/ JOHN P. ROOF

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician 2. Por IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Place of Birth (State or foreign country) Basara Dr 10531 OR No. of Previous Marriage Never Married OR No. of Previous Marriages Previous Marital Status: Death Death Divorce 🔲 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🗌 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No Are you now or have you ever been adjudged to be of unsound mind? No DE No 🗆 No 🗆 Yes 🔲 Yes 🔲 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second co No 🛛 Yes 🗌 No X Yes 🗌 Are you now under the influence of an alcoholic beverage? Yes 🔲 No X Yes 🔲 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. Frank I homas (a) Full name of applicant's father_ Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Date 25/10/92 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court New Address _ HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County __ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of ___JASON THOMAS MOORE 11-25-92 MARIAN KATHRYN BLANK (name), certify that on ____ I, JOHN P. ROOF (date), at ____DANVILLE County, Indiana,_ JASON THOMAS MOORE HENDRICKS County _ _(state), and _ MARIAN KATHRYN BLANK HENDRICKS IN County_ (state) were married by me as authorized HENDRICKS County, Indiana, dated 12-5-92 under a marriage license that was issued by the Clerk of the Circuit Court of EPISCOPAL PRIEST (official designation)

12-8-92

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Married OR No. of Pri No Yes No Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗆 Yes 🗌 No Yes No Yes 🗌 No Yes No Yes 🔲 No Yes NAD Yes 🗌 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana HENDRICKS HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _County _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, ____, authorizing the marriage of _ and _ . I further certify that the following marriage certificate was filed in my office: I. _ _ (name), certify that on _ (date), at _ _ County, Indiana,_ County _ _(state), and _ County_ (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ _County, Indiana, dated _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on (date).

Signed .

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 625

____ Clerk _Circuit Court

	11-25-92 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
ircuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Name of Physician Richard B Schnute
MALE APPLICANT me // First / Middle /hast /	FEMALE APPLICANT
Hovid Kerketh Barrick Sv.	Name Margo Elavie Solada
Septenber 5 1946	Date of Birth September 23, 1949
ace of Birth (State or foreign country) Miles repolles Mareon Co la.	Place of Birth (State or foreign country) Niewcie M. Llelaware Co.
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
vious Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
tt Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
e of birth verified by: Birth Certificate Other (Specify) Druvers License	Date of birth verified by: Birth Certificate Other (Specify) Lirivers Lisexse
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Prince Solada
List the full names of any dependent children.	5. List the full names of any dependent children.
(a) Full name of applicant's father PLea Mc Malcua Barrick St	6. (a) Full name of applicant's father Bordon Lotkain Emde
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Phrylics Blattice &
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Durnier Klabrice K
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). Date X///25/97	immune deficiency syndrome) Signature of Applicant Signature of Applicant
	One Type
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
ork of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
not leding	
the of Indiana) swear/affirm that the information given in this application is true and correct	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss:
Tomourant the mornation given	, and the morning group
Signed In this application is true and correct. New Address A	County of HENDRICKS ss: in this application is true and correct. Signed New Address X
In this application is true and correct. Signed In this application is true and correct. New Address I	County of HENDRICKS ss: in this application is true and correct. Signed New Address X Subscribed and sworn to before me this 35 th day of 100 19 9 2
New Address A day of Now. 19 9 2 Described and sworn to before me this 25th day of HENDRICKS Circuit Court	County of HENDRICKS ss: in this application is true and correct. Signed Subscribed and sworn to before me this 25 cd day of 100 19 92 OTHER SUBSCRIBER OF THE HENDRICKS Circuit Court
In this application is true and correct. Signed In this application is true and correct. New Address	County of HENDRICKS ss: in this application is true and correct. Signed Subscribed and sworn to before me this 25 ct day of 1000, 19 92 Consent of Parents, Parent, Or Guardian
In this application is true and correct. Signed New Address Scribed and sworn to before me this 25th day of 1000., 19 9 2 OTHER CHARGES Circuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	County of HENDRICKS ss: in this application is true and correct. Signed Subscribed and sworn to before me this 25 cd day of 100 19 92 OTHER SUBSCRIBER OF THE HENDRICKS Circuit Court
In this application is true and correct. Signed Si	County of HENDRICKS ss: in this application is true and correct. Signed
In this application is true and correct. Signed Si	County of HENDRICKS ss: in this application is true and correct. Signed Subscribed and sworn to before me this 35 Cday of 100 19 92 Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Signed Si	County of HENDRICKS ss: in this application is true and correct. Signed
In this application is true and correct. Signed Si	County of HENDRICKS ss: in this application is true and correct. Signed New Address Subscribed and sworn to before me this 25 day of 19 92 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: ID #_ Mother
In this application is true and correct. Signed Si	County of HENDRICKS ss: in this application is true and correct. Signed New Address X Subscribed and sworn to before me this 35 day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: Father ID # Mother ID # Subscribed and sworn to before me this day of 19
In this application is true and correct. Signed Si	County of HENDRICKS Ss: in this application is true and correct. Signed Subscribed and sworn to before me this 35 ct day of 7600 19 9 2 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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: ID # Mother ID # Subscribed and sworn to before me this day of 19 Clerk
New Address Signed New Address New Address Discribed and sworn to before me this DISCRIPTION OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parents of the facts which make the consent of the other parents of the facts which make the consent of the other parents of the facts which make the consent of the other parents of the facts which make the consent of the	County of HENDRICKS ss: in this application is true and correct. Signed Subscribed and sworn to before me this 3.5 cd day of 19 92 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 19 Clerk The county of HENDRICKS The county of HENDRICKS The county of HENDRICKS County of HENDRICKS The county of HEN
In this application is true and correct. Signed Si	County of HENDRICKS Ss: in this application is true and correct. Signed Subscribed and sworn to before me this 35 ct day of 7600 19 9 2 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby 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: ID # Mother ID # Subscribed and sworn to before me this day of 19 Clerk
In this application is true and correct. Signed New Address Circuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this application is true and correct. Signed New Address Circuit Court INSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parents of the other p	County of HENDRICKS Signed New Address X Subscribed and sworn to before me this 35 cd day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued 10 ces and directs the issuance of a marriage license to the above named parties.
In this application is true and correct. Signed New Address New Address Signed New Address Circuit Court NSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parents of the other paren	County of HENDRICKS Signed New Address X Subscribed and sworn to before me this 25 ct day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 Clerk A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Erk of the Circuit Court of HENDRICKS County, Indiana.
In this application is true and correct. Signed New Address New Address New Address New Address New Address Clerk of the	County of HENDRICKS Signed New Address Subscribed and sworn to before me this
In this application is true and correct. Signed New Address New Address New Address New Address New Address Clerk of the	County of HENDRICKS Signed New Address Subscribed and sworn to before me this 35 ct day of 100 19 92 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 % Clerk A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, I further certify that the following marriage certificate was filed in my office:
In the application is true and correct. Signed Secribed and sworn to before me this 25th day of 1000. 19 9 2 DEFINITION OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary The of Indiana and the consent of the other parent unnecessary are part of the consent to the other parent unnecessary are part of the consent to the other parent unnecessary are part of the consent of the other parent unnecessary are part of the consent of the other parent unnecessary are part of the consent of the other parent unnecessary are part of the consent of the other parent unnecessary are part of the consent of the other parent unnecessary are part of the consent of the other parent unnecessary are parent signs, are facts which make the consent of the other parent unnecessary are parent signs, are facts which make the consent of the other parent unnecessary are parent signs. The other parents of this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary are facts which make the consent of the other parent unnecessary. The other parents of this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary. The other parents of the other parent unnecessary are facts which make the consent of the other parent unnecessary. The other parents of the other parent unnecessary are facts which make the consent of the other parent signs. The other parents of the other parent unnecessary are facts which make the consent of the other parent signs. The other parents of the other parent unnecessary are facts which make the consent of the other parent signs. The other parents of the other parent unnecessary are facts which make the consent of the other parents of the othe	County of HENDRICKS Signed New Address Subscribed and sworn to before me this 35 ct day of 100 19 92 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 % Clerk A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties. EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, I further certify that the following marriage certificate was filed in my office:

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No. 626 RICKS County File	
	County File	
	Date of Application	
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated Name of Physician S. Workgomery	
MALE APPLICANT	FEMALE APPLICANT	
Name First Middle Last	Name Lori Ann Smock	
Date of Birth Month Day Year Vear	Date of Birth Day Year Year Year	
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)	
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State	
417 S. Perto St. PIfel	417 S. Parter St. PIfal.	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 5-27.	
Date of birth verified by: Birth Certificate *** Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Other (Specify)	
Dr. Dr.		
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes ■	
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?	
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?	
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage?	
4. Are you now under the influence of a narcotic drug? No 🖾 Yes 🗆	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	
5. List the full names of any dependent children.	5. List the full flames of any dependent officials.	
6. (a) Full name of applicant's father Natthew Joseph Hoffman Jr	, 6. (a) Full name of applicant's father James R. Smock	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Madis on IN	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indip is. In	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's mother Lena Wargaret Kruse	(b) Full maiden name of applicant's mother Shirley Ann Cale	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state) Madison ID	Residence of mother (if deceased, so state) Traps, Tr	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 11-25-92	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant X Acru Lum March Date 11-25-9:	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana) ss: County of HENDRICKS in this application is true and correct.	
signed & My X Holman	Signed Deri lun Smock	
New Address Subscribed and sworn to before me this 25 day of 1000. 19 92	New Address Subscribed and sworn to before me this 25 day of Nov 19 92	
Subscribed and sworn to before me this	Subscribed and sworn to before me this	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
State of Indiana)	State of Indiana	
County of HENDRICKS ss:	County of HENDRICKS SS:	
Father ID #	FatherID #	
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #	
Clerk	Clerk	
County	A marriage license having been refused to the above named parties, the Court, by written order issued	
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.	
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE	
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County Indiana	
dated 11-25-92, authorizing the marriage of	TROY ALAN HOFFMAN	
and LORI ANN SMOCK DANNY VAUGHN	I further certify that the following marriage certificate was filed in my office:	
(date), at PLAINFIELD	in HENDRICKS County, Indiana,	
TROY ALAN HOFFMAN of HENDRICKS	County IN (state), and	
LORI ANN SMOCK of HENDRICKS Co	ounty IN (state) were married by me as authorized	
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /S/ DANNY VAUGHN	JUDGE PT (official designation)	

(date).

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Th A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Or. Groves Vincents circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date of Birth 29 Dr 0225 Never Married OR No. of Previous Marriages Divorce Annulment Death Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 No No Yes No 🗆 Yes 🗌 No 🗌 Yes 🗌 Yes 🗌 No No Yes Yes 🔲 No Yes Hamilton Michael Lee Hamilton Machael Tunny Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, TINA K. TUNNY _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on NOVEMBER 25, 1992 I, CYNTHIA J. SPENCE _ (name), certify that on ___ HENDRICKS (date), at ____ DANVILLE _ County, Indiana,_ MITCHELL L. HAMILTON SR of_ HENDRICKS IN County __ _(state), and . TINA K. TUNNY HENDRICKS IN (state) were married by me as authorized _ of__ ___ County_ County, Indiana, dated __11-25-92 11-25-92 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

Clerk

Circuit Court

_ (official designation)

acres

HENDRICKS

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

JUDY LYNN VAUGHN

Signed by: /s/ J.K. WARRICK

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 30-92 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No DE Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Lewis circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married OR No. of Pre Date 1989 Divorce A Death Divorce K Birth Certificate Other (Specify) No No D Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No D Yes 🗆 No 🗆 Yes 🔲 No 🔽 / Yes 🔲 No 🖸 Yes 🗌 Yes 🗌 No 🔽 Yes 🔲 No Yes Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. ACKNOWLEDGMENT nation regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana State of Indiana HENDRICK. Main Pitsboro 28 W. day of MATHENDRICKS Subscribed and sworn to before me this 3000 19 92 Cornel Lawson Circuit Court Circuit Court Connectación CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS HENDRICKS County of _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, , authorizing the marriage of ___TERRY LEE NORTHERN 11-30-92 and JUDY LYNN VAUGHN _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on __DECEMBER 8, 1992 I. J. K. WARRICK (date), at ____INDIANAPOLIS in MARION _ County, Indiana,_ TERRY LEE NORTHERN HENDRICKS _(state), and _ County ___

HENDRICKS

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

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

__ County __

12-15-92

HENDRICKS

SENIOR PASTOR

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

629

File

County

	Date of Application
2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 11-9-92 If No, Medical Examination or Report Dated 11-9-92 Name of Physician Lisa A Dickerson, MLT
MALE APPLICANT	FEMALE APPLICANT
me Place Patrick Inack te of Birth Month of Day 7 Year 66 to e of Birth (State or foreign country) Beech Grane, In	Name Date of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Property P. P. Carry C. P. C. County State A. C. County State A. C. County State A. C.
vious Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. 15 Previous Marital Status: Never Married OR No. of Previous Marriages
the of birth verified by: Birth Certificate Comer (Specify) D. Lice	Last Marriage Ended By: Death Divorce Annulment Date 1990 Date of birth verified by: Birth Certificate Annulment Specify) Date of birth verified by: Birth Certificate
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Charles Edward Mack (if adopted, list adoptive parents only)	6. (a) Full name of applicant's father Frederick arthur Ba
Residence of father (if deceased, so state) Includes the Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Thangana The Hover (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Bleight Moral Includes the Birthplace of mother (State or foreign country)	Residence of father (if deceased, so state). Sclassification of father (State or foreign country). Indique mcSha (It adopted, list adoptive parents only). Residence of mother (if deceased, so state). Prightsoille, In Birthplace of mother (State or foreign country).
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the feet sites for the virus that causes AIDS (acquired namune deficiency syndrome). Date 12-1-92	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of file test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 12/01/92
The above applicant has objected to verifying by oath or affirmation or signature to the above icknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
state of Indiana Founty of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the New Address Clerk of the I swear/affirm that the information given that the information given the inform	State of Indiana County of HENDRICKS Signed South State of Indiana New Address Subscribed and sworn to before me this HENDRICKS Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss: County of HENDRICKS) Ss: Father ID # ID
and filed in, authori	A marriage license having been refused to the above named parties, the Court, by written order issued izes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Codated 12-1-92, authorizing the marriage of	REVIN THIRTEN TIMES
and DANA ANNETTE KNOX MARGARET A. MCGOVERN	I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 5, 1992 JOHNSON County Indiana
Dilli illing and all all all all all all all all all al	County IN (state), and [IN (state) were married by me as authorized]
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ MARGARET A. MCGOVERN Filed and recorded in accordance with the laws of the State of Indiana on	MAYOR OF GREENWOOD (official designation) 12-10-92 (date).
	Signed Connie Lawson Clerk HENDRICKS Circuit Court

Date of Birth

Last Marriage Ended By:

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

Death

Are you now under the influence of an alcoholic beverage?

acknowledgment because of religious beliefs.

HENDRICKS

CONSENT OF PARENTS, PARENT, OR GUARDIAN

County of _____ HENDRICKS

Clerk of Court

State of Indiana

Birth Certificate Other (Specify)

Divorce

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No B Yes IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Kokma tamily circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT OR No. of Previous Marriages Annulment Date Death 🔲 Last Marriage Ended By: Birth Certificate DOther (Specify) No D Yes 🗌 Not Yes 🗌 Yes 🗌 No 🗆 Yes 🗌 If answer is "ves." has the adjudication been removed? Yes 🔲 No Yes 🗌 Are you related to the female applicant closer than second cousin? Yes 🗌 Yes 🗌 No DE Yes 🔲 No M Yes 🗌 Kokoma IN ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Date Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS day of Wer HENDRICKS __ Circuit Court HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary

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

County of ____

Subscribed and sworn to before me this ___

RETURN OF MARRIAGE LICEN	NSE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the dated $\frac{12-1-92}{}$, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana, STEPHEN MICHAEL SHAFFER
and JULIA LEIGH SMITH JAMES W. HARTLEY	I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 12, 1992
(date), atINDIANAPOLIS	in MARION County, Indiana,
STÉPHEN MICHAEL SHAFFER of HENDRICKS JULIA LEIGH SMITH of HOWARD	County IN (state), and County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court Signed by: /s/ JAMES W. HARTLEY	of
Filed and recorded in accordance with the laws of the State of Indiana on	1

Circuit Court

ID #_

Clerk

BOYCE FORMS . SYSTEMS 1-800-382-8702 1473

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

HENDRICKS

Circuit Court

631

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	
MALE APPLICANT Name	FEMALE APPLICANT NameFirst Middle . Last
Date of Birth Day Broshears Day Year	Julie Michelle James
9 26 70	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	8 Maple In Biburg In
	Previous Marital Status: Never Married DR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Dirth Certificate Other (Specify)	Date of birth verified by: SBirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	5. List the full names of any dependent children.
021-00	
6. (a) Full name of applicant's father Allen Ray Broshers (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Frank James
Residence of father (if deceased, so state) Trap 5	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) B' burg ID
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Priscilla Jean Ballard	(b) Full maiden name of applicant's mother Staron Lyons
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Pitts bay o	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) TO	Residence of mother (if deceased, so state) B burns In
Signature of Applicant Date 12-2-92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	immune deficiency syndrome). Signature of Applicant The above applicant thas objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana 1 I swear/affirm that the information given	Λ
County of HENDRICKS Signed X Lething O. Brown Factor State of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed State of Indiana I swear/affirm that the information given in this application is true and correct.
New Address	Signed Sulle IVI James New Address
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this
CONCENT OF PARENTS PARENTS OF CHARLES	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Aother	Father ID #
Subscribed and sworn to before me thisday of19	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Cterk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cla	rk of the Circuit Court of HENDRICKS County, Indiana, JEFFREY ALLEN BROSHEARS
nd JULIE MICHELLE JAMES	I further certify that the following marriage certificate was filed in my office:
VERNON J. STOVER, JR.	
date), at PITTSBORO	in HENDRICKS County, Indiana,
	County (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
igned by: /s/ VERNON J. STOVER, JR.	MINISTER (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	12-16-92 (date).
	igned Connie Lawson Clark

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use 12-1-92 If No, Medical Examination or Report Dated 12-1-92 Name of Physician K. Callicatt, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Lester Nelson Stanton	Name Clare Christina Stidham
Date of Birth Month 10 Day 4 Year 56	Date of Birth Month Day Year 57
Place of Birth (State or foreign country) Indianapalis In Residence Address Street or R.A. St. Opt 107 County State In 250 Narth Cast St. Opt 107 Characterist In	Place of Birth (State or foreign country) Residence Address Street or R.R. 250 Narth Cast St. apt 107 Plumpel
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Souther (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Tother (Specify) On. Lie.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Now Yes Yes
4. Are you now under the influence of a narcotic drug? No Ves S. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
The state of the s	
market the after too	Davido Atilham
6. (a) Full name of applicant's father arrival de Sexe Stanton	6. (a) Full name of applicant's father Old Control of the Adaptive parents cally
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Oklahima City OK.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Many Religible ?	(b) Full maiden name of applicant's mother Beulah Mae Cauc
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Delakoma Celly, OR	Residence of mother (if deceased, so state) Filterfield,
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Lester M Steenler Date 12-3-92 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information giver County of HENDRICKS in this application is true and correct
Signed Lester n Stanton	Signed Cloye C. Stidhan
New Address 5 am e Subscribed and sworn to before me this 3 ^M day of Ole , 19 9 2	New Address
Subscribed and sworn to before me this 3rd day of Ole , 19 92 Corrie Lauran Clerk of the HENDRICKS Circuit Court	Subscribed and swore to before me this 3th day of 19 72 Cornel Jacobson Clerk of the HENDRICKS Circuit Cour
Clerk of the Circuit Court	CITE OF THE CHIEF
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss:
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Cler
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorit	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	llerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-3-92, authorizing the marriage of _	LESTER NELSON STANTON
and CLOYE CHRISTINE STIDHAM CONTRIA I SPENCE	I further certify that the following marriage certificate was filed in my office
I, CYNTHIA J. SPENCE (date), at DANVILLE	in HENDRICKS County, Indiana,
	_ inHENDRICKS County, matana, _ County IN (state), and
CLOVE CHRISTINE STIDHAM HENDRICKS C	ounty TN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court o	f HENDRICKS County, Indiana, dated 12-3-92 , 1ST DEPUTY CLERK (official designation)
Signed by: /s/ CYNTHIA J. SPENCE	,,,,,
Filed and recorded in accordance with the laws of the State of Indiana on_	12-3-92 (date).
	11
	Signed Chrief Jawson Clerk
BOYCE FORMS + SYSTEMS 1-ANO-389-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS

County

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The state of the part of the p	A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination of Report Dated 12-3-92
The state of the control of the cont	MALE APPLICANT	FEMALE APPLICANT
The answer and the process of the pr		
The country from the above variety of the country o	tle of Birth Month Day Year	Date of Birth Month Day Vallaciva
The same of application to the part of the country	ce of Birth (State or foreign country)	7 15 74
The internal experience of the process of states of the process of	Danille, Sa	Place of Birth (State or foreign country)
The state of the property of t	Ht 1 Bax 375 Coattsaile	Residence Address Street or R.R. City County State
The state of the s	ious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
See a facility what is a second control of the cont	Marriage Ended By: Death Divorce Annulment Date	
And part one or how you are then studyed to be of uncondiment to the property of the part	of birth verified by: ABirth Certificate Cher (Specify)	V
## State of a specific to the accordance with the first control of the control of		Date of birth vernied by: Other (Specify)
If some the system the discussion to the monocol stage of the property of the	Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
As you can worker the full contract of a statistic bearings? List the full names of any depondent citizen. 103 Full names of any depondent citizen. 104 Full names of any depondent citizen. 105 Full names are depondent in the full names of any depondent citizen. 106 Full names are depondent in the full names of any depondent citizen. 107 Full names are depondent in the full names of any depondent citizen. 108 Full names are depondent in the full names of any depondent citizen. 109 Full names are depondent on the full names of any depondent citizen. 100 Full names are depondent in the full names of any depondent citizen. 101 Full names are depondent in the full names of any depondent citizen. 102 Full names are depondent in the full names of any depondent citizen. 103 Full names are depondent in the full names of any depondent citizen. 104 Full names are depondent citizen. 105 Full names are depondent citizen. 106 Full names are depondent citizen. 107 Full names are depondent citizen. 108 Full names are depondent citizen. 109 Full names are depondent citizen. 100 Full names are depondent. 101 Full names are depondent. 102 Full names are depondent. 103 Full names are depondent. 104 Full names are depondent. 105 Full names are depondent. 106 Full names are depondent. 107 Full names are depondent. 108 Full names are depondent. 109 Full names are depondent. 109 Full names are depondent		If answer is "yes," has the adjudication been removed?
List the file cares of any quantum states days (proposed robus) 10 February and the supplement without the supplement of the supplement o		
List the full names of any depondent children. (ii) Full names of any depondent children. (iii) And names of		
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If account to adoption power comp. Residence of them of showers, to easily country. Bergues of them (filt deceased, to adoption power) If adoption, the adoption power of adoption to the a		
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ACHONNADOMENT Achonication in the second process of the content of the second process of the content of the second process of the s	Residence of mother (if deceased, so state) Challes on	/ + 1
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when Actions Supposed men this application is true and correct Supposed men this application and the supposed men this applicant, hereby give consent for this marriage. If only one parent signs, tacks which make the consent of the other parent unnecessary and the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tacks which make the consent of the other parent unnecessary and the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tacks which make the consent of the other parent unnecessary and the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tacks which make the consent of the other parent unnecessary and the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the parents of this applicant, hereby give consent of the other parent unnecessary. State of Indiana Govern J. J. State of Indiana Govern J. D. J. State of Indiana J. J. J. J. State of Indiana Govern	are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired une deficiency syndrome). Date 12-3-92 above applicant has objected to verifying by oath or affirmation or signature to the above owledgment because of religious beliefs.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
HENDRICKS Signed New Address New Address New Address Circuit County of HENDRICKS Signed New Address New Address New Address New Address New Address Circuit County Circuit County Circuit County Circuit County Circuit County County of HENDRICKS Signed New Address New Addre	of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information slippe
New Address Subscribed and sworn to before me this granting before the this marriage. If only one parent signs, theta which make the consent of the other parent unnecessary To findiana The parents of the parents of the parent unnecessary To findiana The parents of the parent unnecessary The parents of the parents of the other parent unnecessary The parents of the parents of the parent unnecessary The parents of the parents of the parent unnecessary The parents of the parent unnecessary The parents of th	n this application is true and correct.	HENDRICUS SS: A 1
Clerk of the Circuit Court Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tatas which make the consent of the other parent unnecessary and of indiana In or ind	1/1 2n	S A coals
SENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tacts which make the consent of the other parent unnecessary to Indiana cribed and sworn to before me this. SETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the country County RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Triffy that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ARMEN NICHOLE GALLOWAY DAVID WILLIAM OSBORNE (e), at COATESVILLE SIGN BRETT COX OF HENDRICKS Circuit Court of HENDRICKS County IN (state) were marriage license that was sissued by the Clerk of the Circuit County DAVID WILLIAM OSBORNE (e), at COATESVILLE SIGN BRETT COX OF HENDRICKS County IN (state) and SIGN BRETT COX OF HENDRICKS County IN (state) and SIGN BRETT COX OF HENDRICKS County IN (state) and INDROICKS County, Indiana, SON BRETT COX OF HENDRICKS County IN (state) and INDROICKS County, Indiana, SON BRETT COX OF HENDRICKS County IN (state) were married by me as authorize the by '5' DAVID WILLIAM OSBORNE OF HENDRICKS County, Indiana, dated 12-12-92 (official designation) d and recorded in accordance with the laws of the State of Indiana on 12-16-92 (date).	scribed and sworn to be ore me this 314 day of 101c . 19 92	
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana in the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana in the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana in the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 p	The Advisor Clerk of the HENDRICKS Circuit Court	LENDRICKE HENDRICKE
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana in the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana in the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana in the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 p	SENT OF PARENTS, PARENT OR GUARDIAN	
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the county	the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
County of HENDRICKS Section of HENDRICKS Subscribed and sworn to before me this day of December of the day of December of the above named parties, the County County December of a marriage license to the above named parties, the County December of a marriage license to the above named parties and directs the issuance of a marriage license to the above named parties are in the county December of a marriage license to the above named parties are in the county December of a marriage license to the above named parties are in the county of December of a marriage license issued by the Clerk of the Circuit Count of HENDRICKS County Indiana December 12, 1992 KARMEN NICHOLE GALLOWAY Ifurther certify that the following marriage certificate was filed in my office (name), certify that on December 12, 1992 COATESVILLE In HENDRICKS County IN (state), and County IN (state), and County IN (state) were married by me as authorized and are a marriage license that was issued by the Clerk of the Circuit Court of PASTOR (official designation) and are corded in accordance with the laws of the State of Indiana on 12-16-92 (date).		State of Indiana
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued County, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Trify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of JASON BRETT COX KARMEN NICHOLE GALLOWAY Interpretation (name), certify that on HENDRICKS County, Indiana, certify that on HENDRICKS County, Indiana, (state), and County IN (state), and (state), and (official designation) and recorded in accordance with the laws of the State of Indiana on 12–16–92 (date).	ty of	HENDRICKS SS:
WPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. The court of the county of the cou		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE rify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	그 네트 (그는 그리 오른 1917년) 경기 보고 있는 게 되었다. 그 등 본 이 시간 때문에 보고 있는데 하는데 되었다.	Clerk
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE riffy that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE retify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County	Court, by written order issued
retify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 12-3-92 , authorizing the marriage of JASON BRETT COX KARMEN NICHOLE GALLOWAY . I further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the Circuit Court of 12-3-92 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the circuit Court of 12-3-92 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the Circuit Court of 12-3-92 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the circuit Court of 12-3-3-3 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the circuit Court of 12-3-3 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the circuit Court of 12-3-3 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the circuit Court of 12-3-3 . If further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 12, 1992 The set of the circuit Court of 1992	, authorize	es and directs the issuance of a marriage license to the above named parties.
COATESVILLE In HENDRICKS County IN (state), and	RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
KARMEN NICHOLE GALLOWAY DAVID WILLIAM OSBORNE e), atCOATESVILLE SON BRETT COX RMEN NICHOLE GALLOWAY of HENDRICKS County IN (state), and HENDRICKS County IN (state) were married by me as authorize a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-12-92 and recorded in accordance with the laws of the State of Indiana on 12-16-92 (date).	rify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
DAVID WILLIAM OSBORNE (e), at	, dunorizing the marriage of	
e), atCOATESVILLE	DAVID WILLIAM OSBORNE	(name), certify that on DECEMBER 12, 1992
RMEN NICHOLE GALLOWAY of HENDRICKS County IN (state), and (state) were married by me as authorize that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-12-92 (official designation) d and recorded in accordance with the laws of the State of Indiana on 12-16-92 (date).	e), atCOATESVILLE	in HENDRICKS County, Indiana,
er a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 12-12-92 need by: /s/ DAVID WILLIAM OSBORNE PASTOR (official designation) d and recorded in accordance with the laws of the State of Indiana on 12-16-92 (date).	DMEN NICHOLE CALLOWAY	County IN (state), and
ned by:	er a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
a and recorded in accordance with the laws of the State of Indiana on 12-16-92 (date).	ed by:/S/ DAVID WILLIAM OSBORNE	PASTOR (official designation)
Signed Counie Lawren	and recorded in accordance with the laws of the State of Indiana on	
Monod (AFA/NAVA/IVA)		simula Comming Land
HEADDROUGH CLEEN		

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50 No Yes I If No, Medical Examination of Report Dated 10-21-92
Name of Physician 2 Samuell, 4.2.

MALE APPLICANT	FEMALE APPLICANT
Name . First . Mirote . Last	Name First Middle Lord
Date of Birth Reay Schnepp	Date of Birth Month Day Year
Place of Birth (State or (oreign country)	Place of Birth (State os foreign country)
Indiana	Iman
Residence Addréss Street or R.R. & Pantield In	Residence Address Street or R.R. City County State State OVESOINE IN State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify) Drivers License	Date of birth verified by: Birth Certificate Other (Specify) Drivers License
Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes ☐	If answer is "yes;" has the adjudication been removed? No Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? Not Yes □
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
List the full names of any dependent cliniden.	List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth D. Schnepp	6. (a) Full name of applicant's father 33511 Sfreddo
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Martha A. Grayes	Birthplace of father (State or foreign country) TN
	(b) Full maiden name of applicant's mother Carolyn J. Jaco
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Schull & Schungs Date 12/3/92	Signature of Applicant Susany of Law Date 2/3/5
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I sweat/affirm that the information given	
County of HENDRICKS Ss: Ss: Ss: Ss: Ss: Ss: Ss: Ss: Ss: Ss	State of Indiana County of HENDRICKS I swear/affirm that the information give
X Signed Smith X ochreps	X Signed Susum of Studio
New Address 200	New Address 106 1/2 Shaw St Plainfield, In 40
Subscribed and sworp to before me this 3 day of DCOM 049 93	Subscribed and sworn before me this 3rd day of December up 9 3
Circuit Court	Connu Jawson Clerk of the HENDRICKS Circuit Cou
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS) ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IS MARRIAGE LIGHTER TOURS BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County Indiana
dated, authorizing the marriage of	KENNETH R. SCHNEPP
and SUSAN J. SFREDDO STEPHEN WHITE	I further certify that the following marriage certificate was filed in my office (name) certify that on DECEMBER 19, 1992
(date), at PLAINFIELD	UEND PTOYCE
KENNETH R. SCHNEPP of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
SUSAN J. SFREDDO of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-19-92
Signed by: /s/ STEPHEN WHITE	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-30-92 (date).
	Signed Consider & acres
	Signed HENDRICKS Circle Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗡 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Mark Dentry Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Last Marriage Ended By Annulment Last Marriage Ended By: Death Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No I Yes 🗌 No Yes | Yes | Yes 🔲 Are you related to the female applicant closer than second cousin? No Yes 🗌 No Yes | Are you now under the influence of an alcoholic beverage? Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🔲 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS Veisaille De Inpls Dn 46227 New Address 5517 INOPLS 46227 _ day of Dec , 19 92 Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in. _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of __ County, Indiana, , authorizing the marriage of ____DAVID ROBERT MAHLER dated 12-4-92 MICHELLE RENEE MILLICAN ____. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ DECEMBER 5, 1992 I. REV. STEVE FINKE BROWNSBURG in_ HENDRICKS ____ County, Indiana,_ DAVID ROBERT MAHLER of_ HENDRICKS County ___ IN _(state), and . MICHELLE RENEE MILLICAN of _ County ____ HENDRICKS (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of __ HENDRICKS County, Indiana, dated 12-5-92 Signed by: /s/ REV. STEVE FINKE , ASSOCIATE PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 12-8-92

CE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	DICKS	36
	12-	4-92 of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No If No, Medical Examination or Report Dated Name of Physician	
MALE APPLICANT	FEMALE APPLICANT	
Date of Birth Program of Prior of British Pour Page 1 Property Pour 42	Name Caren Date of Birth Month Place of Birth (State or foreign country)	Kircliff 58
Place of Birth (State or foreign county) Residence Address Street or R.R. City County State County Previous Marriages OR No. of Previous Marriages	Residence Address Street or R.R. City County 2205 Sharm OR No. of Previous Marriages	State
Last Marriage Ended By: Death ☐ Divorce ★ Annulment ☐ Date 1922	Last Marriage Ended By: Death Divorce Annulment	THE PARTY OF THE P
Date of birth verified by: Birth Certificate Souther (Specify) Dr. Lice	Date of birth verified by: Birth Certificate QOther (Specify)	MARRIAG2/POL DE
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin?	Circuit Co
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	Ith Statistics, 1330 West Michigan S
6. (a) Full name of applicant's father Macil Alvin Shircliff (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father David M. L. (If adopted, list adoptive parents only)	Objection Signed close of each calendar month to Inches the English Sign Sign Sign Sign Sign Sign Sign Sign
	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother State of the s	0826-91
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	DEBOLK CLERK
I acknowledge that I have received information regarding 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 dangerou that are sexually transmitted, and a list of the test sites for the virus immune deficiency syndrome).	
Signature of Applicant Neuglas 6. Much Date 12-4-97	Signature of Applicant X Haum Shureff	Date Last Marriage Ended
The 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 acknowledgment because of religious beliefs. Clerk of Court	Divorce Marriages
State of Indiana County of HENDRICKS Signed County of County of Signed County of Cou	State of Indiana County of HENDRICKS Signed August Survey Signed Signe	
New Address Subscribed and sworn to before me this 4 day of 100 19 92 Cornic Sausson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of	, ,,,
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	Other CSpecify) Age of Bride Place of Bir— (State or Foreign
We, the parents of 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 state facts which make the consent of the other parent unnecessary	White S Black Sm. Indi
State of Indiana)	State of Indiana)	Date Last Marriage Ended 7-
Mother ID # Subscribed and sworn to before me this day of, 19 Clerk	Mother ID # Subscribed and sworn to before me this day of	Death Annulment Total Number of Total Number of Marriages 1
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court by written order issued	
and filed in, authorize	es and directs the issuance of a marriage license to the a	PREVIOUS MARITAL STATUS
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	erk of the Circuit Court ofHENDRICKS	(State or Foreign C
dated, authorizing the marriage of and I,	I further certify that the following marriage certificate w (name), certify that on	White M Black Am. Indier.
(date), at of	_ in County, Indiana, County (state), and	BACE
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:	unty (state) were married in the state of the sta	

Signed .

(date).

HENDRICKS

Signed by: _____
Filed and recorded in accordance with the laws of the State of Indiana on_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 2205 Last Marriage Ended By: Deputy Clerk MO+Mrs. 5.4.93 by e/m. They never some in. CLERK OF CIRCUIT AND SUPERIOR COURTS HENDRICKS COUNTY COURTHOUSE PO BOX 599 CONNIE LAWSON DANVILLE INDIANA 46122 CLERK (317) 745-9231 May 4, 1993 Douglas & Karen Shircliff 2205 Sunny Dr 46112 Brownsburg IN Dear Mr. & Mrs. Shircliff, Signature Our records show the Marriage License you gave me on friday The abo was dated 12-14-93, which means the license expired in february. If both of you can come in and reapply for the license, and pay the eighteen dollars (\$18.00) the premarital form is not needed as we will use the one you gave us in december. State of Ir It will not be needed to go through another ceremony. Subscribe bt be able to record your license until the P 354 933 755 CONSEN' in this matter will be appreciated, and I We, the Receipt for hing this on friday. **Certified Mail** No Insurance Coverage Provided State of Ir County of SENDER: Complete items 1 and/or 2 for additional services.
Complete items 3, and 4a & b.
Print your name and address on the reverse of this form so that we can return this card to you.
Attach this form to the front of the mailpiece, or on the back if space I also wish to receive the Father___ following services (for an extra Mother Subscribe 1. Addressee's Address Write "Return Receipt Requested" on the mailpiece below the article number.
 The Return Receipt will show to whom the article was delivered and the date. 2.

Restricted Delivery COMP Douglant

Bonglant

Bongla Consult postmaster for fee. Article Addressed to: 4a. Article Number Donglast Kpren Shareliff 8 3 54 9 33 755 Service Type and file 22-05 Sun Registered ☐ Insured Z Certified □ COD I certif Express Mail Return Receipt for Merchandise dated _ 7. Date of Delivery

8. Addressee's Address (Only if requested and fee is paid) and _ 5. Signature (Addressee) (date), under c PS Form 3811, December 1991 +U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT Signed Filed a BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

	No. <u>637</u>
HEND.	DRICKS County File
	12-14-92
	Date of Application
10 of 7 of 5 wishing false information upon and in- fall	
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No → Yes □ If No, Medical Examination or Report Dated 1/-30-92
circuit court when the person applies for a marriage license under	Name of Physician And R. Bain, M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name anthony Inddiedrick Last Church	Name amy Marie Walters
Date of Birth Month Day Year 69	Date of Birth Shorth 1 Day 9 9 Year 199
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A. Street Br. B.R. City Country State	Residence Address Co. Street or R.B. City County State 1
3 Well Dr. Drewnsburg. In	3491 Marabau hells In. Indple. In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Author (Specify) Or. Lie	Date of birth verified by: Birth Certificate State (Specify)
Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:	Are you now or have you ever been adjudged to be of unsound mind? No. Yes
If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
The state of the s	
tools to the order	D. J. M. A.
6. (a) Full name of applicant's father The Release Rugene much (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Transley See Walters
Residence of father (if deceased, so state) Legisland, Ohio	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Mashaille, In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Indianal 1
(b) Full maiden name of applicant's mother Tallica Klaine Janes	(b) Full maiden name of applicant's mother Alexanse Lynn Reiferl
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Brkunshura	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Paskvelle In-
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant anthony Fradrich Church Date 12-4-92	Signature of Applicant amy Marie Walters Date 12-4-92
Signature of Applicant United Date 12-7-1	Signature of Applicant William Date Date 12
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss:
New Address 3491 Marabox Mills Ln. Indpls. In.	Signed amy Marce Walters New Address Same
Subscribed and sworn to before me this 4th day of Dic 19 92	Subscribed and sworn to before me this 4 day of Die 19 12
Connie Lawson Clerk of the HENDRICKS Circuit Court	Connic Lawren Clerk of the HENDRICKS Circuit Court
CONCENT OF PARENTS PARENTS AND THE STATE OF T	
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the
and filed in authoriz	ces and directs the issuance of a marriage license to the above named parties.
, aution2	to the above hamed parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-04-92 , authorizing the marriage of and AMY MARIE WALTERS	ANTHONY FREDRICK CHURCH I further certify that the following marriage certificate was filed in my office:
I, ANDREA HUGHES LEININGER	(name), certify that on DECEMBER 12, 1992
(date), atBROWNSBURG	_ inHENDRICKS County, Indiana,
ANTHONY FREDRICK CHURCH of HENDRICKS AMY MARIE WALTERS of MARION Co	County IN (state), andIN (state) were married by me as authorized
AMY MARIE WALTERS of MARION Co. under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
Signed by: /s/ ANDREA HUGHES LEININGER	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	12-18-92 (date).

Clerk Circuit Court

RODNEY ALAN BECK

NORMA JEAN DUNAGAN

Signed by: /s/ REV. KENNETH SMITH

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 2-8-92 IC 31-7-9-1. Furnishing false information upon applying for license. Yes 🔀 Female Applicant 50 No 🗆 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date 1988 Annulment No Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🔲 Yes 🗌 No 🗆 is "yes," has the adjudication been removed? No 🗌 Yes 🔲 No Yes 🔲 No ated to the male applicant closer than second cousin? Yes 🔲 No Yes Yes 🔲 No Yes ACKNOWLEDGMENT ACKNOWLEDGMENT I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana _ , 19 92 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ___ Court, by written order issued , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of County, Indiana, 12-8-92 , authorizing the marriage of RODNEY ALAN BECK NORMA JEAN DUNAGAN . I further certify that the following marriage certificate was filed in my office: REV. KENNETH SMITH (name), certify that on __DECEMBER 25, 1992 CLAYTON (date), at _ HENDRICKS County, Indiana,_

HENDRICKS

HENDRICKS

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

Filed and recorded in accordance with the laws of the State of Indiana on 12-29-92

County _

IN

MINISTER

HENDRICKS

(date).

HENDRICKS

(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 12-25-92

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS No IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** andal norlar Death John (Specify) DRIVER (ICENSE Date of birth verified by: Birth Certificate No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 Yes 🔲 No Yes Are you related to the female applicant closer than second cousin? Yes 🗌 No D Yes Are you now under the influence of an alcoholic beverage? Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🔲 Richard B. Caswell state) Sane as above mother Margaret A. Residence of mother (if deceased, so state) Alone Same Birthplace of mother (State or foreign country)____ Indiana **ACKNOWLEDGMENT** ACKNOWLEDGMENT riedge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN e parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued ___ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of
RANDALL R. CASWELL , authorizing the marriage of _ LORI A. MORTON . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____ JANUARY 2, 1993 RICHARD CASWELL _ (name), certify that on _ HENDRICKS (date), at ___BROWNSBURG _ County, Indiana,__ RANDALL R. CASWELL County _ _(state), and _

RANDALL R. CASWELL of OKMULGEE County OK (state), and LORI A. MORTON of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 1-2-93

Signed by: /s/ RICHARD CASWELL , MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-5-93 (date).

Signed Circuit Court

HENDRICKS Circuit Court

640

12-11-92 Date of Application

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 14 Yes III If No, Medical Examination or Report Dated 6-9-92 Name of Physician Airford, MO
MALE APPLICANT	FEMALE APPLICANT
Previous Marital Status: Never Married OR No. of Previous Marriages	Name Place of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 177 Date of birth verified by: Birth Certificate Other (Specify) Drivers Sickness	Last Marriage Ended By: Death Divorce Annulment Date '86 Date of birth verified by: Birth Certificate Other (Specify) Drivers Ricense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the fernale applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Claude Results Williams Stather (if adopted, list adoptive parents only)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Conne County County Residence of tather (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Deleves Jean Dowers (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	(b) Full maiden name of applicant's mother Rosello Jan Burn (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficientsy syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
State of Indiana County of HENDRICKS Signed Hendrack New Address Subscribed and sworn to before me this 1 the day of 19 Circuit County County of HENDRICKS Subscribed and sworn to before me this 1 the day of 19 Circuit County Connection of the HENDRICKS Circuit County Circuit C	State of Indiana County of HENDRICKS Signed X Cachelle County of Signed X Cachelle County of County of HENDRICKS Signed X Cachelle County of Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana) ss: County of HENDRICKS) ss: Father ID #
and filed in, authoriz	A marriage license having been refused to the above named parties, the Court, by written order issued ces and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Cladated 12-11-92, authorizing the marriage of and RACHELLE A. WANTZ I, DANIEL C. OWENS	CHARLES L. WILLIAMS, JR. I further certify that the following marriage certificate was filed in my office (name), certify that on DECEMBER 11, 1992
CHARLES L. WILLIAMS, JR. of MARION	County IN (state), and [state], and [state] in [state] were married by me as authorized [state] in [state] were married by me as authorized [state] in [state] were married by me as authorized [state] in [state

HENDRICKS

County

12-14-92 Date of Application

Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ♥ Yes □ If No, Medical Examination or Report Dated Name of Physician Karek Johns, M. ▷
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Janes Owen Leggiss	Barbara Joan Joffee
Date of Birth Day Well Of 1941	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.B. City Sounty (State	Residence Address Street or R.R. City County State
51 & Grant Brownsburg, Herdriks, William	51 S. Grant Brownsburg Herdriche Meliana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce D Annulment Date 1988	Last Marriage Ended By. Death Divorce M Annulment Date 1982
Last Marriage Ended By: Death Divorce Annulment Date 1488	Last manage Ended by. Death Shorter
Date of birth verified by: Birth Certificate Other (Specify) Drives Dicexs	Date of birth verified by: Birth Certificate Other (Specify) Driver's Access
	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes No Yes No Yes No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? Vincent Critical 1980
5. List the full names of any dependent children.	5 Liet the full names of any dependent children
	amba Critafield 17
6 (a) Full same of applicant's tather Owola w. Heiggins	allicia Cristoly well 13
o. (a) Full halle of approants latter	6. (a) Full name of applicant's father
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (State or foreign country)	Residence of father (if deceased, so state) Diseased
(b) Full maiden name of applicant's mother House Dehauffines	(b) Full maiden name of applicant's mother Hose Care Sammers
(b) Full maiden name or applicant's mother (if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Deceased	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) Pholippe	Birthplace of mother (State or foreign country) Milliana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome). Signature of Applicant A Carbara . Affec Date 12/14/3
Signature of Applicant X James O. 1999 Date 12-1440	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given SS: /in this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given in this application is true and correct
County of HENDRICKS Signed P Lanus O: Hamis application is true and correct.	County of HENDRICKS In this application is true and correct.
New Address Same as above	New Address Same as allowed
Subscribed and sworn to before me this 14 day of December 19 92	Subscribed and sworn to before me this 14 day of December 19 92
Course Fileson Clerk of the HENDRICKS Circuit Court	Course Fawson Clerk of the HENDRICKS Circuit Court
	Control of the Contro
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) Countried HENDRICKS ss:
County of TENDROCKS) Father ID #	County of ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated $\frac{12-14-92}{}$, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
I. CYNTHIA J. SPENCE	(name), certify that on DECEMBER 14, 1992
(date), atDANVILLE	in HENDRICKS County, Indiana,
	CountyIN
BARBARA JOAN JAFFKE of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-14-92
Signed by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1
	Signed Cornie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

Name of Physician Lagger 14

MALE APPLICANT	FEMALE APPLICANT
ne First Middle Last	Name Brandi Middle Last Wallace
Day Year	Date of Birth Month Day Year
5 19 12	Place of Birth (State or foreign country)
of Birth (State or foreign country)	Indiana
ence Address Street or R.R. City County State	Residence Address Street or R.R. City County State A OR South SR 75 Danothe TA
1108 South SR 75 Danville IN	
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
	Date of birth verified by: Birth Certificate Other (Specify)
of birth verified by: Birth Certificate Other (Specify)	Date of thirth verified by. Remit continued and the continued and
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
Vessalla I Klinedinel	6. (a) Full name of applicant's father Joines in wallace
(a) Full name of applicant's father Kenneth L. Klinedinst	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state)	Pirthology of father (State or foreign country)
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother Edva & Branso
(b) Full maiden name of applicant's mother Suc. A. Campbell	(If adopted, list adoptive parents only)
(If adopted, list adoptive parents only)	Residence of mother (if deceased, so state) TN
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	
acknowledge that I have received information regarding dangerous communicable diseases are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nume deficiency syndrome). Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Agnature of Applicant Date 12-14
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the ab acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court
ate of Indiana I swear/affirm that the information given in this application is true and correct. Signed Cach Khalant	State of Indiana County of HENDRICKS Signed Crand M. Warning in this application is true and corrections.
New Address	New Address
bscribed and sworn to before me this 1490 day of Nocombra 913	Subscribed and sworn to before me this day of HENDRICKS Circuit C
ONNU Clerk of the HENDRICKS Circuit Court	Conne Jaw Sanderk of the HENDRICKS Circuit C
ONSENT OF PARENTS, PARENT, OR GUARDIAN e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary
	The same of the sa
ate of Indiana) ss:	State of Indiana) HENDRICKS ss:
ounty of	County of
ther ID #	10.4
other ID #	Mother
abscribed and sworn to before the this	Subscribed and short to below the time
Clerk	
Clerk	
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	Court, by written order issued
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	zes and directs the issuance of a marriage license to the above named part SE AND MARRIAGE CERTIFICATE HENDRICKS County, Indian
complete if Marriage License issued by Order of Court. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Court, by written order issued

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

643

13-14-92

Circuit Court

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No If No, Medical Examination or Report Dated Name of Physician Kobuk Me Canale, M.D.
FØ MALE APPLICANT	■ MALE APPLICANT
Name Ceva Lea Me Kamey	Name Gason Signer Caldiron Co
Date of Birth Month Day Year	Date of Birth Month Day Year
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
idence Address Street or R.R. State County County	Mdiera
Maple In age of the Brawnstore Hendriche Indian	Residence Address In Street of R.R. 1. Brownstown Herdeicken man
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1991	Charles and the second
X	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
of birth verified by: Birth Certificate Other (Specify) Oriver's Hecense	Date of birth verified by: Birth Certificate Dother (Specify) Military Danificat
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No D Yes D	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage?
List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children
	and the four names of any dependent children.
D. m. V.	The state of the s
(a) Full name of applicant's father Renos Me Kaney	6. (a) Full name of applicant's father Larry L. Coldinar
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) **Thickness of the content of the conte	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Michiana	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Murg Casida	(b) Full maiden name of applicant's mother Sutta Klenson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Musipsippe
Birthplace of mother (State or foreign country) FACLONIA	Birthplace of mother (State or foreign country) Indusor
a above applicant has objected to verifying by oath or affirmation or signature to the above nowledgment because of religious beliefs.	Signature of Applicant X
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unty of HENDRICKS ss: in this application is true and correct. Signed Avance Kowel	County of HENDRICKS ss: in this application is true and correct.
New Address Same as allowe	Signed A Jason & Colderon
scribed and sworn to before me this	Subscribed and sworn to before me this
Orgile Trewson Clerk of the HENDRICKS Circuit Court	Conxil Towson Clerk of the HENDRICKS Circuit Court
SENT OF PARENTS PARENT OF CHARDIAN	
SENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
e of Indiana) http://discrete-file-file-file-file-file-file-file-fil	State of Indiana) HENDRICKS SS:
ity or	County of
iD #	FatherID #
scribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
	marriage license having been refused to the above named parties, the Court, by written order issued
County County	
County	and directs the issuance of a marriage incense to the above named parties
I filed in, authorizes	
filed in, authorizes	E AND MARRIAGE CERTIFICATE
rtify that there was filed in my office a marriage license issued by the Cler	E AND MARRIAGE CERTIFICATE rk of the Circuit Court of HENDRICKS County Indiana
RETURN OF MARRIAGE LICENSE or tify that there was filed in my office a marriage license issued by the Clered 12-14-92, authorizing the marriage of	F AND MARRIAGE CERTIFICATE rk of the Circuit Court of HENDRICKS County, Indiana, JASON LYNN COLDIRON
rtify that there was filed in my office a marriage license issued by the Clered 12-14-92, authorizing the marriage of	F AND MARRIAGE CERTIFICATE The of the Circuit Court of HENDRICKS County, Indiana, JASON LYNN COLDIRON LYNN COLDIRON I further certify that the following marriage certificate was filed in my office:
RETURN OF MARRIAGE LICENSE Triffy that there was filed in my office a marriage license issued by the Cler AVA LEA MCKAMEY LORE BLINN GIBSON	F AND MARRIAGE CERTIFICATE The of the Circuit Court of
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Cler ed	TAND MARRIAGE CERTIFICATE rk of the Circuit Court of HENDRICKS County, Indiana, JASON LYNN COLDIRON I further certify that the following marriage certificate was filed in my office: (name), certify that on 12-18-92 in PUTNAM County, Indiana,
RETURN OF MARRIAGE LICENSE ertify that there was filed in my office a marriage license issued by the Cler ed	TAND MARRIAGE CERTIFICATE To the Circuit Court of
RETURN OF MARRIAGE LICENSE retify that there was filed in my office a marriage license issued by the Cler at 12-14-92 , authorizing the marriage of 2 AVA LEA MCKAMEY LORE BLINN GIBSON rete, at GREENCASTLE ASON LYNN COLDIRON of HENDRICKS COUNTY ASON LYNN COLDIRON of HENDRICKS County The county of HENDRICKS County of The Count	TAND MARRIAGE CERTIFICATE The of the Circuit Court of
RETURN OF MARRIAGE LICENSE rtify that there was filed in my office a marriage license issued by the Cler d 12-14-92 , authorizing the marriage of 3 AVA LEA MCKAMEY LORE BLINN GIBSON e), at GREENCASTLE ASON LYNN COLDIRON of HENDRICKS COUNTY A LEA MCKAMEY of HENDRICKS County a marriage license that was issued by the Clerk of the Circuit Court of 1	TAND MARRIAGE CERTIFICATE The of the Circuit Court of

KAREN RENEE BUIS

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

IST DEPUTY CLERK

ON THE BUTS

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

HENDRICKS

__ County _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician ___ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date 1985 Last Marriage Ended By Birth Certificate Yes 🔲 No Yes 🗌 Yes 🔲 No 🗌 No -Yes 🗌 Nov Yes 🗌 Nov Yes 🗌 Yes 🗌 Not Yes 🗌 No 🖸 Yes 🔲 No Yes (a) Full name of applicant's father Walter William Brawn ce of mother (if deceased, so state). Olleged ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases Date 12-15-92 The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana in this application is true and correct 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 si We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 12-15-92 authorizing the marriage of LEO JOHN BROWN _ County, Indiana, _, authorizing the marriage of __ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on DECEMBER 15, 1992 KAREN RENEE BUIS and KAREN RENEE BUIS _ (name), certify that on _ HENDRICKS (date), at ___DANVILLE County, Indiana,_ County ___ IN HENDRICKS LEO JOHN BROWN _(state), and _

IN

Clerk Circuit Court

_ (official designation)

acoson

(date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 645

Circuit Court

HEND!	RICKS County File
	12-15-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Affiddle 4/- Last	Name S First . Migdle Cast
Date of Birth Moth, Day Year	Date of Birth Month Day 7 Year 5 1
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Soury State	Residence Address Street or R.R. City County
330 N 200 W Navelle, In.	330 N 200 W Danvelle, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1990	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Another (Specify) An. Lic.	Date of birth verified by: Birth Certificate Setup (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No / Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? Nov Yes es	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No ♥ Yes □	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
0.0851.04	D. A. Sh. +
6. (a) Full name of applicant's father Cecil S. Nelton	6. (a) Full name of applicant's father Charles (If adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Clayton, In.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Indiana	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Darsthy J. LIESKE	(b) Full maiden name of applicant's mother Sucretta / Natt
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Custon.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Clase
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 12-15-92	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date 12/15/9.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this State of Indiana I swear/affirm that the information given in this application is true and correct. Aday of Nice 1992	State of Indiana County of HENDRICKS Signed Futricias Carroe New Address Subscribed and sworn to before me this 15th day of Ouc 1992
Cornie Lawson Clerk of the HENDRICKS Circuit Court	Cornie Liven Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS	County of HENDRICKS
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Merk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-15-92, authorizing the marriage of _	GARY B. HELTON
and PATRICIA E. CARROLL THOMAS J. DAVIS	I further certify that the following marriage certificate was filed in my office:
(date), at DANVILLE	(name), certify that onDECEMBER 27, 1992 in HENDRICKS County, Indiana,
GARY B. HELTON of HENDRICKS	County IN (state), and
PATRICIA E. CARROLL of HENDRICKS Co	ounty IN (state) were married by me as authorized f HENDRICKS County, Indiana, dated 12-15-92
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ THOMAS J. DAVIS	
Filed and recorded in accordance with the laws of the State of Indiana on_	1-7-93 (date).

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	RICKS County File
	12-15-92 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame A First Middle N Last	Name A Figgs Middle A Last Pa
ate of Birth Month Day 20 Year 2	Date of Birth Morth Day 26 38
ace of Birth (State or foreign country)	Place of Birth (State or foreign country)
sidence Addrigs Street or R.R. A. Cipy County State	Residence Address - Sycet or R.R. City Coupy State
By 186 Stilesoulle, In.	3135 Mt. Oline Martinsville,
ovious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
te of birth verified by: Birth Certificate Other (Specify) D. Lig.	Date of birth verified by: Birth Certificate Quiter (Specify)
	The state of the s
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No ✓ Yes ☐ List the full names of any dependent children
Elst the fall falles of any depotition distribution.	
D. O & P. 1	6. (a) Full name of applicant's father Friek Leslie Dick
(a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Think Assault Nicke (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Alclesel
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Mildud & . Shimpso	(b) Full maiden name of applicant's mother the until 1
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Belle Union, In.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Pllinaie	Birthplace of mother (State or foreign country) Indicana
mune deficiency syndrome). Nayne D. Cop Date 12-15-92 The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verify the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verify the above appl
knowledgment because of religious beliefs. Park of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	· · · · · · · · · · · · · · · · · · ·
ate of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information gi
Signed Wayne &. Cos in this application is true and correct.	
	County of
New Address of Process	Signed Shuley G. Fowfer New Address 13 × 186 Stileswill In
New Address Anne described and sworn to before me this 15 th day of Dec 19 12	Signed Stuley G. Fourfer New Address /3 x 186 Stuleswill In Subscribed and sworn to before me this 15 a day of Diec 19 92
New Address Anne bscribed and sworn to before me this 15 th day of Dic 19 12	Signed Stuley Q. Fourfer New Address 13 x 186 Stules will In Subscribed and sworn to before me this 15 a day of Dec 19 92
New Address Same day of Dic , 19 12 Connection Clerk of the HENDRICKS Circuit Court	Signed Stuley Q. Fourfer New Address 13 x 186 Stules will In Subscribed and sworn to before me this 15 a day of Dec 19 92
New Address Anne day of Dic , 19 12 Described and sworn to before me this 15 th day of Dic , 19 12 HENDRICKS Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed Stuley G. Forufly New Address /3 x /86 Stulesurle J. Subscribed and sworn to before me this 15 day of Dec. , 19 9.2 Clerk of the HENDRICKS Circuit C CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant is the and constant to the parents of this applicant, hereby give consent for this marriage. If only one parent significant is the and constant to the parents of this applicant, hereby give consent for this marriage.
New Address Anne day of Dic , 19 12 bscribed and sworn to before me this 15 th day of Dic , 19 12 HENDRICKS Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN o, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	Signed Shuley G. Forufly New Address /3 x /8 6 5 tiles will In Subscribed and sworn to before me this 5 day of Dec , 19 9.2 Consent Of Parents, Parent, OR GUARDIAN
New Address Anne day of Dic , 19 12 Discribed and sworn to before me this 15 th day of Dic , 19 12 HENDRICKS Circuit Court CIPC ONSENT OF PARENTS, PARENT, OR GUARDIAN 12. the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atterfacts which make the consent of the other parent unnecessary attered findiana	Signed Student Towfor New Address 13 x 1860 Student Students Stude
New Address Same Decribed and sworn to before me this 15 th day of Dec 19 12	Signed State of Indiana Signed State of India
New Address	Signed Student Or Towfor New Address 13 + 186 Student Or Towfor Subscribed and sworn to before me this 15 day of Dicc 19 92 Consideration Clerk of the HENDRICKS Circuit Consent Of Parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: Father ID #
New Address Same Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th	Signed State of Indiana Signed State of Indiana County of HENDRICKS Subscribed and sworn to before me this 15 day of Dec 19 92 Connection of the HENDRICKS Circuit County of HENDRICKS State of Indiana County of HENDRICKS Signed Torus and the same terms of the other parent unnecessary State of Indiana State of Indiana County of HENDRICKS Signed Torus and applicant is the same terms and applicant is the same terms of the same terms of the parent of the HENDRICKS Signed Torus and applicant is the same terms and applicant is the
New Address Same Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th Discribed and sworn to before me this 15 th	Signed State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Signed State of Indiana County of HENDRICKS Signed Torus of the State of Indiana County of HENDRICKS Signed Torus of Indiana State of Indiana County of HENDRICKS Signed Torus of Indiana Sig
New Address	Signed Student G. Fourful Subscribed and sworn to before me this 15 day of Lec 19 92 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of 19 92 Consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary State of Indiana 19 10 # Mother 10 # Subscribed and sworn to before me this 19 90 90 90 90 90 90 90 90 90 90 90 90 90
New Address Aday of Discribed and sworn to before me this 15 th day of HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Be, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, attered facts which make the consent of the other parent unnecessary attered of Indiana Aday of 19 12	Signed State of Indiana County of HENDRICKS Sate of Indiana County of Indiana C
New Address	Signed Student G. Towford New Address /3 x / 86 Student G. Towford Subscribed and sworn to before me this Clerk of the Clerk of the HENDRICKS Circuit C Clerk of the Clerk of the HENDRICKS Circuit C Clerk of the
New Address Aday of Dic 19 12 Connect Survey Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Lee, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, are facts which make the consent of the other parent unnecessary Late of Indiana Dunty of HENDRICKS SS: Other Liber John John John John John John John John	Signed Student G. Towford Students and control of the Students of the Students G. Students
New Address Abscribed and sworn to before me this 15 th day of Dic 19 12 Connect Count Count Clerk of the HENDRICKS Circuit Count Consent of Parents, Parent, Or Guardian e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, ate facts which make the consent of the other parent unnecessary ate of Indiana Ounty of HENDRICKS Section 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10	Signed Signed New Address / 3 / 6 / 5 / 6 / 5 / 6 / 6 / 6 / 6 / 6 / 6
New Address Described and sworn to before me this 15	Signed Signed New Address / 3 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8 / 8
New Address Aday of Diec . 19 12 HENDRICKS	Signed Striber G. Forward Subscribed and sworn to before me this 15 g day of Dicc 19 92 HENDRICKS Circuit Countries of this applicant, hereby give consent for this marriage. If only one parent significant state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss: Father ID # Subscribed and sworn to before me this day of 10 # Subscribed and sworn to before me this day of 10 # Subscribed and sworn to before me this day of 10 # Subscribed and sworn to before me this 10 # Subscribed and sworn to bef
New Address Abscribed and sworn to before me this 15 th day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Clircuit Court Consent of Parents, Parent, Or Guardian Se, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary ate of Indiana Abscribed and sworn to before me this day of 10 m Clerk County 10 m Clerk County 7 m County 8 m County 8 m County 9 m C	Signed State of the State of this applicant, hereby give consent for this marriage. If only one parent signed state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this of this applicant, hereby give consent for this marriage. If only one parent signed state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, the same directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Berk of the Circuit Court of HENDRICKS County, Indiana WAYNE D. COX I further certify that the following marriage certificate was filed in my office (name), certify that on JANUARY 1, 1993
New Address Abscribed and sworn to before me this 15 th day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Clircuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Lee, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, atte facts which make the consent of the other parent unnecessary Alter of Indiana County of HENDRICKS Abscribed and sworn to before me this day of 10 m Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County On the diled in my office a marriage license issued by the Clark of the county of 12 m Clerk County of 12 m Clerk County OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. COURT OF MARRIAGE LICENSE	Signed States of the States of the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of
New Address Aday of Diec . 19 12 Aday of Diec . 19 12 Alexander Secretary . 19 13 Clerk of the	Signed State of the State of this applicant, hereby give consent for this marriage. If only one parent signed state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this of this other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File _

12-16-92

County

circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated, 12-14.92 Name of Physician Pakert S. Howell, M.D.
MALE APPLICANT	FEMALE APPLICANT
Jame Jhrmas Middle Jast Jast Jast Jast Jast Jast Jast Jast	Name Sheila Louise Call Date of Birth Month Day Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Stylet or R.R. City County State 303 Lulen Bravashurg A. 4
revious Marital Status: Never Married OR No. of Previous Marriages ast Marriage Ended By: Death Divorce Annulment Date 1989	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1992
ate of birth verified by: Birth Certificate Souther (Specify) Sh. Lic.	Last Marriage Ended By: Death Divorce Annulment Date 1997 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? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children. Muchael January (a) Full name of applicant's father Amass M. January (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. **The state of the process of th
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date 12-16-92 The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana Second Se	State of Indiana County of HENDRICKS Signed Stulla Ball New Address Subscribed and sworm to before me this Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, late facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ss: ounty of	State of Indiana) ss: County of
	marriage license having been refused to the above named parties, the
County, authorized RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of ndSHEILA LOUISE DALE	E AND MARRIAGE CERTIFICATE Erk of the Circuit Court of HENDRICKS THOMAS MICHAEL JORDAN, JR. County, Indiana,
WILLIAM J. BROWN	I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 25, 1992
date), atPITTSBORO AS MICHAEL JORDAN, JR. of HENDRICKS	in HENDRICKS County, Indiana,
CHETTA LOUITOR DALE	unty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-16-92

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

MALE APPLICANT	FEMALE APPLICANT
Name , First Middle / Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Month Day Year
Date of Birth 11 - 14-4-7 Day Year	Date of Birth 3 - 8-59
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City & County States A
Ille Prairie Marking Brownsburg Hend In.	232 S. Green Street Apt. A. Brownsburg In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1988.	Last Marriage Ended By: Death Divorce Annulment Date 1985
Date of birth verified by: Birth Certificate Diother (Specify) Drivers License	Date of birth verified by: Birth Certificate Cother (Specify) Drivers License.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes □	2. Are you related to the male applicant closer than second cousin? No ₩ Yes □
3. Are you now under the influence of an alcoholic beverage? No ♥ Yes □	3. Are you now under the influence of an alcoholic beverage? No 😡 Yes 🗆
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. William Way 17	5. List the full names of any dependent children. I Daughter Uog. 12 - Uox
6. (a) Full name of applicant's father JOSPh Ace Earl Atkins	6. (a) Full name of applicant's father marion her hukenbille
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Heritage (ate, Jid. Birthplace of father (State or foreign country) And all Jan.	Residence of father (if deceased, so state) Brownsburg 4n.
	Birthplace of father (State or foreign country) Ind. (b) Full maiden name of applicant's mother Betty Crace Henduson
(b) Full maiden name of applicant's mother dankte Mae Udans. (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Betty Grace, Henderson (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Wentage lake, In.	Residence of mother (if deceased, so state) Browning In
Birthplace of mother (State or foreign country) Aud Blo	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndreme).	immune deficiency syndrome)
Signature of Applicant Mallier of Applicant Date	Signature of Applicant & Rochelle L. Henderson Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Philleen Satisfier	Signed XXXX kelle & Nenderson
New Address	New Address
Subscribed and sworn to before me this 218 day of Sec. 19 92	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Lance Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT. OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) State of Indiana) HENDRICKS SS:
FatherID #	County of
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	res and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded 12-18-92, authorizing the marriage of	
, daniel teng the marriage of _	. I further certify that the following marriage certificate was filed in my office:
	(name), certify that on DECEMBER 18, 1992
(date), atBROWNSBURG	in HENDRICKS County, Indiana,
DOCUMETTE I HENDERGON . HENDREGUE	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ ROBERT W. FREESE JUDGE, BRO	
Filed and recorded in accordance with the laws of the State of Indiana on_	1-37-11-11-11-11-11-11-11-11-11-11-11-11-11
of the state of th	1.0
	Signed Cornel ausa Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File _

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician 2. Midla, M. D.
IC 31-7-3 commits a Class D felony.	
Brian MALE APPLICANT	FEMALE APPLICANT
lame B First 4 Middle	Name Line he he Middle les for the
Date of Birth Day Year	Date of Birth Month / Pay 31/ Year 7/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
lesidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
11225 W. Washington dat 56, Indols.	11225 W. Washington dat 56, Inde
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lie	Date of birth verified by: Birth Certificate Author (Specify)
	- Mine.
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No√✓ Yes ☐
. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Criptal Dawn Scatten 2 1/2 1/20
	The state of the s
(a) Full name of applicant's father Joseph archur Hadue	6. (a) Full name of applicant's father Delbert Trange Fill
(If adopted, list adoptive parents only Jaka Melain Robbins	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Thereworld In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother that I fair the first adoptive parents only)
Residence of mother (if deceased, so state) Cartershara In.	Residence of mother (if deceased, so state) Vicused
Birthplace of mother (State or foreign country) 1. Dakste	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome).	immune deficiency syndrome I I I I I I I I I I I I I I I I I I I
Signature of Applicant December 12-1876	Signature of Applicant rumwery . Scallen Date 12-18-92
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
state of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Brean E. Robberni	Signed himberry & Scatter
New Address Same Subscribed and sworp to before me this 18 th day of Ale , 19 92	New Address Sa me
Subscribed and sworp to before me this 18 day of Ale , 19 92 Source HENDRICKS Circuit Court	Subscribed and sworn to before me this 18th day of Dec., 1992 Connic Jawan Clerk of the HENDRICKS Circuit Court
Olerk of the Court	Clerk of the HENDRICAS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of	County of HENDRICKS ss:
ather ID #	Father ID #
Aother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19 Clerk
	A marriage license having been refused to the above named parties, the
and filed in county authoriz	res and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, BRIAN EDWARD ROBBINS
and KIMBERLY JEAN SCOTTEN	. I further certify that the following marriage certificate was filed in my office:
CYNTHIA J. SPENCE	(name), certify that on DECEMBER 18, 1992
date), atDANVILLE	in HENDRICKS County, Indiana,
	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	, <u>1ST DEPUTY CLERK</u> (official designation) 12-18-92 (date).
ned and recorded in accordance with the laws of the State of Indiana on	12-18-92 (date).
	Signed Corne Lawson Clerk
	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

C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 🛣 Yes 🗆
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician Lawry Lovel MD
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
ame 310, Hully On III	Name Benny Middle alexander
ate of Birth Month Day Wear	Date of Birth Milyth Day Year 8 29 67
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
44 M. St. RQ 75, Danville, Herdrubs, In.	Previous Marital Status: Never Married OR No. of Previous Marriages 2
revious Marital Status: Never Married OR No. of Previous Marriages	
ast Marriage Ended By: Death Divorce Annulment Date 1 - 90	
nate of birth verified by: Birth Certificate Other (Specify) Drivers Ficense	Date of birth verified by: Birth Certificate Stother (Specify) Driver Jucense
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes 3. Are you now under the influence of an alcoholic beverage? No ☒ Yes
3. Are you now under the influence of an alcoholic beverage? No 🖾 Yes 🗆	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes 4. Are you now under the influence of a narcotic drug? No ☑ Yes
List the full names of any dependent children. **Trustu Tuchola Over Tothon Travis Over	5. List the full names of any dependent children. Lyndrial Christine Thickelle Olepander
900 Hill Oan Oa	6. (a) Full name of applicant's father Thomas Roan Dritton
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother. Carol San Surger
(b) Full maiden name of applicant's mother Sour bours Eller Sherson (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother. Or of Junes (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Slovida	Residence of mother (if deceased, so state) a Siona
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable dise that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acq
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Date 12/18/92	Signature of Applicant X SUNCY THE THE TENT OF THE TEN
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the a
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	CIBIX OF COURT
State of Indiana) I swear/affirm that the information given	State of Indiana County of HENDRICKS ss: ip this application is trye and or
County of HENDRICKS Isigned Signed Si	Signed Signed All and Co
New Address Same	New Address
Subscribed and sworn to before me this 18th day of Dec., 19 92 Connue Dowson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 18th day of Dec. 19 92 Commo Tourson Clerk of the HENDRICKS Circuit
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) SS:
County of	County of HENDRICKS 55: Father ID #
County of	County of HENDRICKS 55:
County of	County of HENDRICKS SS:
County of	County of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 651

____ Clerk _Circuit Court

HEND	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Seport Dated 12-15-92 If No, Medical Examination or Report Dated 12-15-92 Name of Physician D. Baing M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Charles Raidle Juraer	Name Melissa Middle Care Buniles
Date of Birth Month / 2 Day / Year 6 /	Date of Birth Month Day / Year 68
Place of Birth (State or loggish country)	Place of Birth (State or foreign country)
Residence Address Street A. City County State	Residence Address Street or R.R. City County State
15 aike Nr. M. Torawasaungen.	15 aske Nr. M. Dinnsaug, Jr.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1981	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) On . Tec.	Date of birth verified by: Birth Certificate Other (Specify) . Tic.
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? Nov Yes
4. Are you now under the influence of a narcotic drug? No	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	2 011 0
6. (a) Full name of applicant's father frather fre Turner	6. (a) Full name of applicant's father duceen allen Bun
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	augh (b) Full maiden name of applicant's mother Kathryn Lauise
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (If deceased, so state)	Birthplace of mother (State or foreign country)
bilitylace of money (state of foreign country).	bittiplace of monet (diale of foreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test of the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
1101	
Signature of Applicant Claus K Turnel Date 12-17-92	Signature of Applicant Welmak. Duy Date 1218-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS SS:
Signed Charles K. Turn	Signed Welina K. Town es
New Address Sylpscribed and sworn to before me this 18th day of Dee , 19 92	Subscribed and sworn to before me this 18 a day of Dec 19 92
Cornie green Clerk of the HENDRICKS Circuit Court	Connie Laws Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS PARENT OR CHARDIAN	CONSCIUT OF PARENTS PARENT OR CHARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) SS:	State of Indiana County of HENDRICKS SS:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
, aution2	and the state of a marriage hourse to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cledated 12-18-92, authorizing the marriage of	OULDING D. MIDNING
dated, duthorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on 12-18-92
(date), at DANVILLE CHARLES R. TURNER OF HENDRICKS	in HENDRICKS County, Indiana, IN
MELTECA V DINITEC UPNEDITOR	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-18-92
Signed by: /s/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	1ST DEPUTY CLERK (official designation)

No. _ 652

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	RICKS County File
	12-18-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 12-7-92 Name of Physician Mm Klunds, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name Larry Laddle Waldrup	Name Robin and Middleta Ruckels
Date of Birth Poar 6/	Date of Birth Month Day Year 3
Place of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address A Street or R.R. City Country State Residence Address Street of RR City County 2 Sites	
914 Threwood Mapt B Plugueld.	914 Pinewood Dr. Opt & Therefiel
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Sirth Certificate Angher (Specify) Dr. Lie-	Date of birth verified by: Birth Certificate Other (Specify) On . Lice
	NO NO
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
	d'il d'a
6. (a) Full name of applicant's father Clemm Walter Waldrup	6. (a) Full name of applicant's father Willard James Neickel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Diclared	Residence of father (if deceased, so state) Mt. Cumul, Ja.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Hules Hencon Ball
(b) Full maiden name of applicant's mother 300 (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Action Action (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indeplies, In.	Residence of mother (if deceased, so state) Indele., In.
Birthplace of mother (State or foreign country) 724.	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
(mmuno delicione) aundrama)	immune deficiency syndrome) () . ' () ' . ()
Signature of Applicant Larry Waldrup Date 12-18-92	Signature of Applicant Kobun Ciusta T Lucked Date 13/18/92
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS SS this application is true and correct.
Signed Rarry Waldrup	Signed KNUL CIKETA V LUCINOL New Address SAME
New Address Subscribed and sworn to before me this day of Dec . 19 92	New Address Subscribed and sworn to prefore me this 18 4 day of Dicc . 19 92
Corne daven Clerk of the HENDRICKS Circuit Court	Coanie Cawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in authoriz	Court, by written order issued ces and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
dated 12-31-92, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
I, RONALD PRILLIMAN	(name), certify that on DECEMBER 31, 1992
(date), at MOORESVILLE	inMORGAN County, Indiana,
	County IN (state), and
ROBIN ANITA NUCKELS of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	The state of the s
Signed by: /s/ RONALD PRILLIMAN	ORDAINED MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-4-93 (date).
	1 . 0
	Signed Corne Lawson Clerk

	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 12-21-92 If No, Medical Examination or Report Dated 12-21-92 Name of Physician Archimettr Lineary
MALE APPLICANT	FEMALE APPLICANT
Name Civilio First albert Canllannelle	Name Guli First Ann Widdle Wright
Date of Birth Moor Month 16 Day 1870	Date of Birth Act Month / Say / Year 70
Place of Birth (State or foreign country) Andiana	Place of Birth (State or foreign country)
Residence Address & H. Stroet of R.R. Plainfield Hydricks State	Residence Address Street of R.R. Clauriful of County State
Previous Marital Status: Never Married 🖸 OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Secure	Date of birth verified by: Birth Certificate Other (Specify) Living Ricing
Are you now or have you ever been adjudged to be of unsound mind? Nov Yes	Are you now or have you ever been adjudged to be of unsound mind? No Ye
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ Yes ☐	Are you now under the influence of an alcoholic beverage? No Ye Are you now under the influence of a narcotic drug? No Ye
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Steven Charles Charles	6. (a) Full name of applicant's father fluid Howard Whight
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (Stafe or foreign country) (b) Full maiden name of applicant's mother Authorities Survival Configuration (Configuration Configuration	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother What are the foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sudvaria Birthplace of mother (State or foreign country) Sundvaria	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). A May Conycula Date B/31/93	I acknowledge that I have received information regarding dangerous communicable dis
I acknowledge that I have received information regarding 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 distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (actionment) Signature of Applicant Date
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable distinction that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the test sites for the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS (actimized and a list of the virus that causes AIDS
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Sign	I acknowledge that I have received information regarding dangerous communicable distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acknowledge of Applicant Date Date Date The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed S
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. New Address Signed I acknowledge that I have received information regarding dangerous communicable distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (and Immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed S	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Signed County of HENDRICKS Superior Superior Clerk of the HENDRICKS Superior Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Superior Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana (Section 1) Section 1) Section 2) Section 3) Section 4) Section 4) Section 4) Section 3) Section 4) Section 5) Section 4) Section	I acknowledge that I have received information regarding dangerous communicable distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acknowledge of Applicant) The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn of before me this Above Address Subscribed and sworn of before me this Above Clerk of the HENDRICKS Circuit CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana HENDRICKS SS:
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Syndrome A. Van Manuelle New Address Syndrome A. Van Manuelle New Address Syndrome A. Van Manuelle And Manuelle I swear/affirm that the information given in this application is true and correct. New Address Syndrome A. Van Manuelle New Address Syndrome A. Van Manuelle And Manuelle I swear/affirm that the information given in this application is true and correct. And Manuelle And Manuelle I swear/affirm that the information given in this application is true and correct. And Manuelle And Manuelle I swear/affirm that the information given in this application is true and correct. And Manuelle And Manuelle And Manuelle I swear/affirm that the information given in this application is true and correct. And Manuelle And Manuell	I acknowledge that I have received information regarding dangerous communicable distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acknowledge and policinate and a list of the test sites for the virus that causes AIDS (acknowledge and policinate and a list of the test sites for the virus that causes AIDS (acknowledge and policinate and acknowledge applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Signed Above Address Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: State of Indiana County of HENDRICKS Sas: State of Indiana Above Address Sas: Sa	I acknowledge that I have received information regarding dangerous communicable distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (and immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn to before me this Above Address Subscribed and sworn to before me this Above Clerk of the HENDRICKS Circuit CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Ss:
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Signed A Hill G. Placinfield The Subscribed and sworn to before me this A day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Subscribed and sworn to before me this A day of HENDRICKS Consent of PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: Father ID # Mother ID #	I acknowledge that I have received information regarding dangerous communicable distinct are sexually transmitted, and a list of the test sites for the virus that causes AIDS (act immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn to before me this Alexander of the application is true and of the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sate of Indiana County of HENDRICKS
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Liswear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this A day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	I acknowledge that I have received information regarding dangerous communicable distinct that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (achimmune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn to before me this Jether and the present of the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Sas: County of HENDRICKS
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Subscribed and sworn to before me this OCUNTY of HENDRICKS State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 mg. Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County of 19 Clerk County of 19 Authorized Authorizes County of 19 Authorizes County of 19 Authorizes	I acknowledge that I have received information regarding dangerous communicable disthat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (ac immune deficiency syndrome): Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn to before me this Above consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Circuit CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 m Subscribed and sworn to before me this day of 10 m A marriage license having been refused to the above named parties, court, by written order issued Les and directs the issuance of a marriage license to the above named parties, and directs the issuance of a marriage license to the above named parties, and directs the issuance of a marriage license to the above named parties, and directs the issuance of a marriage license to the above named parties, and directs the issuance of a marriage license to the above named parties.
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date Date Date Date Date State of Indiana County of HENDRICKS Signed Syndromey New Address Subscribed and sworn to before me this A day of ALL HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 mg. Subscribed and sworn to before me this day of 10 mg. Subscribed and sworn to before me this 10 mg. Subscribed and sworn to before me this 10 mg. Subscribed and sworn to before me this 10 mg. Subscribed and sworn to before me this 10 mg. County of HENDRICKS Subscribed and sworn to before me this 10 mg. County of 10 mg. Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County 10 mg. RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the County 10 mg.	I acknowledge that I have received information regarding dangerous communicable distinated are sexually transmitted, and a list of the test sites for the virus that causes AIDS (ac immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn of before me this Authority of HENDRICKS Clerk of the PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued 19 Each ND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS COURT IS ALBERT VANWANZEELE
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). A Date W/04/93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Curtus A. Van Marrialle II in this application is true and correct. New Address 5995 ack Hill Da Placinfield II in this application is true and correct. Subscribed and sworn typbefore me this Al day of Alle 1998 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County A County A County of Authorizing the marriage of and JULIE ANN WRIGHT	I acknowledge that I have received information regarding dangerous communicable distinated are sexually transmitted, and a list of the test sites for the virus that causes AIDS (ac immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Subscribed and sworn of before me this Authority of HENDRICKS Clerk of the PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued 19 Each ND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS COURT IS ALBERT VANWANZEELE
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) A Date Waldy Companies Signature of Applicant As objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn top before me this A Day of Alla Alla Alla Alla Alla Alla Alla All	I acknowledge that I have received information regarding dangerous communicable distinated are sexually transmitted, and a list of the test sites for the virus that causes AIDS (ac immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Subscribed and sworn to before me this Alay of HENDRICKS Circuit CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). A Date W/04/93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Curtus A. Van Marrialle II in this application is true and correct. New Address 5995 ack Hill Da Placinfield II in this application is true and correct. Subscribed and sworn typbefore me this Al day of Alle 1998 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County A County A County of Authorizing the marriage of and JULIE ANN WRIGHT	I acknowledge that I have received information regarding dangerous communicable distintal are sexually transmitted, and a list of the test sites for the virus that causes AIDS (ac immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Subscribed and sworn to before me this Alexandra of this application is true and on the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued 19 EVEN AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS COUNTIS ALBERT VANWANZEELE I further certify that the following marriage certificate was filed in my off (name), certify that on DECEMBER 26, 1992 in HENDRICKS County, Indiana,
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromes). Signature of Applicant	I acknowledge that I have received information regarding dangerous communicable distint are sexually transmitted, and a list of the test sites for the virus that causes AIDS (achimmune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Subscribed and sworn of before me this HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS County, Indiana COURT S ALBERT VANWANZEELE If further certify that the following marriage certificate was filed in my of (name), certify that on DECEMBER 26, 1992 in HENDRICKS County IN (state), and (state) were married by me as author out of the county of (state) were married by me as author out of the county of th
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromey?) A pulsarial provided by the consentation of the virus that causes AIDS (acquired immune deficiency syndromey?) The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date I swear/affirm that the information given in this application is true and correct.	I acknowledge that I have received information regarding dangerous communicable distinat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (ac immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Subscribed and sworn of before me this Application is true and of the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS County of HENDRICKS Father Mother Subscribed and sworn to before me this day of HENDRICKS County, Indiana County of HENDRICKS County, Indiana County of the Circuit Court of HENDRICKS County, Indiana (I sweariaffirm that the information or signature to the above named parties, HENDRICKS County, Indiana County of HENDRICKS County, Indiana, (I state), and County IN County Indiana

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
TARRILLANT	FEMALE APPLICANT
MALE APPLICANT	
Name Chan Widdle Last	Name SUK Middle Last Vegas Date of Birth Mooth Day Vegas
Date of Birth Month Day Year 55	4 6 63
Place of Birth (State or foreign country) 5. Korea	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street of R.R. City Plaintiple State IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
<u> </u>	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Thermational	Date of birth verified by: Sirth Certificate Sother (Specify) Divers Ucinse
· Drivers License	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes If answer is "ves" has the adjudication been removed? No. Yes
If answer is "yes," has the adjudication been removed? No Yes Y	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes	3. Are you now under the influence of an alcoholic beverage?
4 Are you now under the influence of a narcotic drug? No W Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children. Sandra B. Lee	5. List the full names of any dependent children. Sandra B. Lee
The second section is a second	The second secon
6. (a) Full name of applicant's father Chun Suk Lee	6. (a) Full name of applicant's father Dong J. Kim
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) New York
Residence of father (if deceased, so state) ARCHISECT Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) 5. Korecy
(b) Full maiden name of applicant's mother June Sun Por K	(b) Full maiden name of applicant's mother Kungs. Kwang
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) New York
Residence of mother (if deceased, so state)	Birthplace of mother (if deceased, so state) 1997
Birthpiace of mother (State of Totalign Country)	
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
Clerk of Court	
State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana County of HENDRICKS ss: In this application is true and correct in the true and correct in
County of HENDRICKS in this application is true and correct. Signed Chara When the application is true and correct.	Signed Suk A Phism
New Ardress	New Address Subscribed and sworn to before me this 21st day of Dec , 19 12
Subscribed and sworn to before me this 215t day of Dec , 19 92 Charle Towser Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of the HENDRICKS Circuit Cou
CIER OF THE	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
state lacts which make the consent of the other parent dimensionally	
State of Indiana) ss:	State of Indiana) ss:
County of HENDRICAS	County of
Father	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, th
County	Court, by written order issued
and filed in, author	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C dated, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana, CHAN WOO LEE
	I further certify that the following marriage certificate was filed in my office
JOHN HESSELDENZ	(name) certify that on 12-22-92
(date), atINDIANAPOLIS	inMARION County, Indiana,
CHÁN WOO LEE OF HENDRICKS SUK H. KIM OF HENDRICKS	_ County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	ounty (state) were married by me as database of
Signed by: /s/ JOHN HESSELDENZ	Judge (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	(date).
	Signed Larrie James Clerk
	HENDRICKS Circuit Cour

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

655

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated //-//- Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame Charles Asset	Name Marie Addison Class
ate of Birth Month Day 2 Verification	Date of Birth Mogth Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
esidence Address A Street of R.R. City A County A State A	Residence Address A Street or R.R. A City A Count A State
789 Trust La, Plainfield, In	789 Facet In Plumbeld In
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: ABirth Certificate Hother (Specify) Da Lie
- Mi. vice.	State of Britis Verified by: Appril Certificate Politier (Specify) Nr. Ale.
Are up a course to the course of the course	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children.
The Mark Charles of the Control of t	
(a) Full name of applicant's father John a. Day	6. (a) Full name of applicant's father Richard Sanid Clean
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) New Polestine
(b) Full maiden name of applicant's mother Thomas Litable Lets	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother relief the state of the sta
Residence of mother (if deceased, so state) Menfeeld, Ja.	Residence of mother (if deceased, so state) Plunfield In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
t are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nature of Applicant Date 12/21/82	Signature of Applicant Malesone Close Date 12-21-9
	Signature of Applicant Meleoson i. Cleveringer Date 12-21-9
a above applicant has objected to verifying by oath or affirmation or signature to the above moveledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
rk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
e of Indiana	
inty of HENDRICKS ss: In this application is true and correct.	State of Indiana State of Indiana I swear/affirm that the information given
Signed way	Signed The lison les Chevences
New Address scribed and sworp to before me this 21et day of Dec. 19 92	New Address
Clerk of the HENDRICKS Circuit Court	Subscribed and sworn tobefore me this 2/27 day of Die 19 72 Christian Clerk of the HENDRICKS Circuit Court
	Circuit Court
ISENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
of Indiana) HENDRICKS SS:	State of Indiana)
ty or	County of
er ID #	Father ID #
cribed and sworn to before me this day of 19	Mother ID # Subscribed and sworn to before me this day of
Clerk	Subscribed and sworn to before me this day of, 19
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	
County	marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI	
ertify that there was filed in my office a marriage license issued by the Cle.	rk of the Circuit Court of HENDRICKS
MELICA DEE CLEVENCED, authorizing the marriage of	JOHN JOSEPH DAY
	I further certify that the following marriage certificate was filed in my office:
	(name), certify that on DECEMBER 26, 1992
el at PLAINFIELD	
te), atPLAINFIELD OHN JOSEPH DAY of HENDRICKS	TN County, material,
te), at PLAINFIELD OHN JOSEPH DAY of HENDRICKS ELISSA DEE CLEVENGER of HENDRICKS Court	County IN
te), atPLAINFIELD OHN JOSEPH DAY ofHENDRICKS ELISSA DEE CLEVENGER of HENDRICKS Cou. ter a marriage license that was issued by the Clerk of the Circuit Court of	County IN (state), and
te), atPLAINFIELD OHN JOSEPH DAY ofHENDRICKS OF HENDRICKS COUNTY OF	County IN
te), at PLAINFIELD OHN JOSEPH DAY of HENDRICKS ELISSA DEE CLEVENGER of HENDRICKS Cou. ter a marriage license that was issued by the Clerk of the Circuit Court of	County IN
ce), atPLAINFIELD DHN JOSEPH DAY ofHENDRICKS OF HENDRICKS COURT OF HENDRICKS COURT OF	County IN (state), and

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated 2-12-92
Name of Physician J. Alice Bres Bishops A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Never Married OR No. of Pre No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Nov Yes 🗆 No / Yes Yes 🔲 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No 🗆 No / Yes 🗌 Yes 🔲 v under the influence of an alcoholic beverage? No Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🔲 Yes 🗌 List the full names of any dependent children. ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Date 12-21-92 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court HENDRICKS Signed Susi New Address onne dawson Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County ___ Court, by written order issued _ and filed in_ ____, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 12-21-92 authorizing the marriage of JAMES HERBERT TEAGUE, JR. HENDRICKS County, Indiana, dated 12-21
SUSIE BROWN _ , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:
(name) certify that on DECEMBER 22, 1992 and SUSIE BROWN
I, ANDREW P. CRAWLEY _ (name), certify that on _ MARION (date), at ____SPEEDWAY County, Indiana,_ _ County NORTH CAROLINA JAMES HERBERT TEAGUE, JR. of_ CATAWBA ___ (state), and _ NORTH CAROLINA (state) were married by me as authorized

HENDRICKS County, Indiana, dated 12-21-92 CATAWBA County_ SUSIE BROWN _ of__ under a marriage license that was issued by the Clerk of the Circuit Court of

Signed by: ___/S/ ANDREW P. CRAWLEY MINISTER _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on 12-31-92

(date).

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. 657

	12-21-92 Date of Application
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Yes If No, Medical Examination of Report Dated 12-21-92 Name of Physician Mark Fish, M.S.
C 31-7-3 commits a Class D felony.	Name of Physician
MARZOUKMALE APPLICANT	FEMALE APPLICANT
te of Birth Mary Day	Name Rose Marie Jack Date of Birth Date of Birth
ice of Birth (State or foreign country)	8 24 54
sidence Address Street of R.R. City Survey Street of R.R. City of The Street of R.R. Therefore o	Place of Birth (State or foreign country) Minneapalis, Mn. Residence Address 8942 A Compton St Country State State State A State S
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
to of birth verified by: Death Divorce Annulment Date 1992 Softer (Specify Inhany Supering	Last Marriage Ended By: Death Divorce Annulment Date 1989 Spate of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ ✓ Yes □
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a parcetic drug?
List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(a) Full name of applicant's father Mshammed Chabbeaun (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Arthur Gilbert Docken
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Danasque Apria	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Noylan Achokeur	(b) Full maiden name of applicant's mother Durathy and Hulger
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Minnusata
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant Date 12-21-92	Signature of Applicant Rose Mani She
	Date 21
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
rk of Court Date	Clerk of Court Date
te of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
inty of HENDRICKS ss: in-this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Mary son changes New Address New Address	Signed Koschlant fra
ogribed and sworn to refere me this 2 of Dec . 19 92 ***THE JUNE Clerk of the HENDRICKS Circuit Court	New Address 5971 Williams Dr. Plainfied, IN 46168 Subscribed and sworm to before me this 2/2 day of Olec, 19 92 Chile James Clerk of the HENDRICKS Gircuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, a facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
e of Indiana) ss:	State of Indiana) HENDRICKS SS:
erID #	County of HENDRICKS ss:
ner ID #	Father ID # Mother ID #
scribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
MDI ETE JE MARRIAGE LIGENGE ISQUED DV CONTROL CONTROL	Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
ertify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
ROSE MARIE FORD , authorizing the marriage of	MARZOUK CHABKOUN I further certify that the following marriage certificate was filed in my office:
CYNTHIA J. SPENCE	(name), certify that onDECEMBER 21, 1992
te), atDANVILLE MARZOUK CHABKOUN of HENDRICKS	in HENDRICKS County, Indiana,
OCE MARIE FORD	County IN (state), and
der a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana data 12-21-92
ned by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$
State of the same	Signed Cornie Lawren Clerk
E FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Bramsluy medical Clinic circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Pr Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you now or have you ever been adjudged to be of unso Yes 🗌 No 🗆 Yes 🗆 If answer is "yes," has the adjudication been removed? Yes 🗌 / Yes 🗌 Yes 🔲 Yes 🗌 Yes 🔲 Yes 🔲 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ State of Indiana won to before me this day of HENDRICKS Connectaires Clerk of the _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued _ and filed in_ __, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of CURTIS NEAL BLEDSOE dated 12-21-92 authorizing the marriage of ____ _ . I further certify that the following marriage certificate was filed in my office: I, REV. TONY R. CANNON in ____ (name), certify that on __ (date), at INDIANAPOL CURTIS N. BLEDSOE INDIANAPOLIS County, Indiana,_ County _ IN HENDRICKS _(state), and _ CRYSTAL GAYLE BLEDSOE HENDRICKS ___ (state) were married by me as authorized ___ County, Indiana, dated ___ 12-27-92 _ County ____ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS

Signed by: /s/ RONY R. CANNON PASTOR _ (official designation) 12-29-92 Filed and recorded in accordance with the laws of the State of Indiana on (date). Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Sp Yes 🔲 No 🗆 Yes 🔲 No 🗌 / Yes 🗌 Yes 🔲 Nov / Yes 🔲 Yes 🗌 No Yes Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or Clerk of Court State of Indiana Haren Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County _ and filed in_ __, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 12-21-92, authorizing the marriage of JEFFREY PAUL STEWARD and KAREN ELAINE FELLOWS. . I further certify that the following m _ . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____ JANUARY 2, 1993 I, ANDREW D. KINSEY in VIGO that on ___ (date), at TERRE HAUTE _ County, Indiana,_ HENDRICKS JEFFREY PAUL STEWARD __(state), and _ _ County __ HENDRICKS County_ KAREN ELAINE FELLOWS (state) were married by me as authorized HENDRICKS _County, Indiana, dated _ PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ _ Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Health under Authority of IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE
HEND	RICKS County File
	12-22-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Yes If No, Medical Examination of Report Dated 12-3-12 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First . A Middle M Last	Name arise of these to the state of the stat
Date of Birth Month 7 Day 16 Year 71 Place of Birth (State or foreign country)	Date of Birth Day 2/ Place of Birth (State or foreign country)
Residence Address 22 11 St. Lucas Ct., Modests, Ca. Previous Marital Status: Never Married St. OR No. of Previous Marriages	Residence Address Street or R.R. & Brunshung, On Previous Marital Status: Never Married AGR. No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sother (Specify) Dr. Lie .	Date of birth verified by: Airth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes Are you related to the female applicant closer than second cousin? No Yes Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? Note Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full/mames of any dependent children.
10 0	Telefer Lee Madington May
6. (a) Full name of applicant's father Llayd Burtourn March	6. (a) Full name of applicant's father Miller Lie Middlington
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Los Bonns, Co.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Margaret Survey (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Madesta, Ca.	Residence of mother (if deceased, so state) Indiplo., Indiplo., Indiplo., Indiplo.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Dovida, morth Date 921222	immune deficiency syndrome). Signature of Applicant Angelod Woodington Date 12-22-92
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Dovid Chimanal I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Majora & Washington is true and correct.
New Address Same	New Address Same
Subscribed and sworn to be ore me this 23 M day of NCC , 19 92 HENDRICKS Circuit Court	Subscribed and sworn to before me this 22 day of ble 19 92 Connie favor Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
FatherID #	County of HENDRICAS) Father ID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cla	E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-22-92, authorizing the marriage of	DAVID ALAN MARSH
I. LARRY L. BELLVILLE	I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 26, 1992
(date), at BROWNSBURG DAVID ALAN MARSH of STANISLAUS	in HENDRICKS County, Indiana,
ANCELA LEE WASSINGTON LENDRICKS	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ LARRY L. BELLVILLE	HENDRICKS County, Indiana, dated 12-26-92
Filed and recorded in accordance with the laws of the State of Indiana on	12-30-92 (date). (official designation)

Health under Authority APPLICATION FOR APPLICATION FOR	MARRIAGE LICENSE
HEND	ORICKS County File
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Callum
MALE APPLICANT	FEMALE APPLICANT
Tare of Birth (State or foreign country) Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alc	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mune deficiency syndrome). Ignature of Applicant Date 12/21/92 The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). XSignature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
tate of Indiana ounty of HENDRICKS Is swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Dawy A Brugani this application is true and correct.
New Address Subscribed and sworn to before me this 21th day of DLC , 1992 Clerk of the HENDRICKS Circuit Court	New Address Subscribed and sworn to before me this Clerk of the WENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN I/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, late facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ss: ounty of	State of Indiana)
County	A marriage license having been refused to the above named parties, the Court, by written order issued
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl lated, authorizing the marriage of	LOWELL J. PRUETT I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 24, 1992
LOWELL J. PRUETT of HENDRICKS	inHENDRICKS
	Signed Cornie Lawson Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Divorce 🔲 Date of birth verified by: Birth Certificate Date of birth verified by: Birth Certificate No No Yes Yes 🔲 No 🗌 / Yes 🔲 No / Yes No Yes Yes 🔲 No Yes 🔲 No 2 Yes 🗌 No V No V Yes 🗌 List the full names of any dependent children. ace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court swear/affirm that the information given I swear/affirm that the information given Danville, and 46122 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ____ Court, by written order issued __ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ______, authorizing the marriage of ___ and _ _ . I further certify that the following marriage certificate was filed in my office: _ (name), certify that on __ _ County, Indiana,__ (date), at _ _ County __ __(state), and __ (state) were married by me as authorized _ County ____ under a marriage license that was issued by the Clerk of the Circuit Court of __ _County, Indiana, dated _

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

(official designation)

HENDRICKS

Clerk

Circuit Court

_ (date).

Signed_

HENDR	No
HEADER OF THE PARTY OF THE PART	County File
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No TA Yes If No, Medical Examination or Report Dated Name of Physician Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Tame Ronald James Overly	Name First Middle Last Last Last Last
Date of Birth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 7 - 9 2	Last Marriage Ended By: Death Divorce Annulment Date 6-92
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Werrill Fredrick Overly	6. (a) Full name of applicant's father Larry Lee Cox
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Spandson Th	Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (c) Full maiden name of applicant's mother	(b) Full maiden name of applicant's mother Arita Cherree Dieu
(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Yourse Group G	State of Indiana County of HENDRICKS Ss: in this application is true and correct Signed Signed
Subscribed and swern to before me this 28 day of See. , 19 92	Subscribed and sworn to before me this day of day of
Clerk of the HENDRICAS Circuit Court	Clerk of the HEVENTERS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS SS:	State of Indiana) County of HENDRICKS) SS:
Father ID #	FatherID #
MotherID #	MotherID #
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties
I wife that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-28-92 authorizing the marriage of	RONALD JAMES OVERLI
I, KEY: DENIEL STORY	I further certify that the following marriage certificate was filed in my office
(date), atBROWNSBURG RONALD JAMES OVERLYofHENDRICKS	inHENDRICKS
LISA LORRAINE LAHNE of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. DENNIS L. DODSON Filed and recorded in accordance with the laws of the State of Indiana on	f HENDRICKS County, Indiana, dated 12-28-92 MINISTER (official designation) 1-26-93 (date).

_ Clerk Circuit Court

Signed

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS 28-92 Date of Application IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated

Name of Physician (1) C. Staylord (M.D.) A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Divorce Annulment Last Marriage Ended By: Death Last Marriage Ended By: Annulment License Birth Certificate Other (Specify) No 1 Yes 🔲 No 🗂 Yes 🗌 No 🗌 Yes 🗌 No 🗆 Yes 🔲 No D Yes 🔲 No Yes 🔲 No Yes 🗆 No 🗂 Yes 🗌 No Yes Yes 🔲 List the full names of any dependent children Edward adair Andiara ballsnith Patricia e of mother (if deceased, so state) Harida ce of mother (State or foreign country) Indiana of mother (State or foreign country) Midliana **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs Clerk of Court State of Indiana State of Indiana ecember 19 Subscribed and s Course Trawson Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _dated 12-28-92 ____, authorizing the marriage of _____DANNY RAY ADAIR , authorizing the marriage of _ LORI LYNN DRENNAN . I further certify that the following marriage certificate was filed in my office:

____ (name), certify that on ___ JANUARY 9, 1993
in ___ HENDRICKS ____ County, Indiana,___ I, REV. CECIL PUGH DANVILLE (date), at DANVILLE DANNY RAY ADAIR _ County, Indiana,_ HENDRICKS IN County _ _(state), and _ LORI LYNN DRENNAN HENDRICKS IN (state) were married by me as authorized _ County _ under a marriage license that was issued by the Clerk of the Circuit Court of

Signed by: /s/ REV. CECIL PUGH

MINISTER HENDRICKS _County, Indiana, dated ___12-28-92 (official designation) 1-13-93 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

HENDRICKS

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HEND.	
	12-38-92 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated (2-22-92) Name of Physician 22-22-92
MALE APPLICANT	FEMALE APPLICANT
Name John First A. Aciduce Last Date of Birth Month 9-25-64	Name anette M. Jox Date of Birth 2 Month 18 6 Day Year
Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. City County State Previous Marriages OR No. of Previous Marriages	Place of Birth (State or foreign country) Residence Address Street of R.R. City County County Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date +	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Other (Specify) Drivers Geonge	Date of birth verified by: Birth Certificate Souther (Specify) Dis VES License.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Allxander Septz Adduct (If adopted, list adoptive parents only) Residence of father (if deceased, so state) 1231 N Whitcomb Index Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Linda Marie Klewer (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Chuago Du	6. (a) Full name of applicant's father HATTY Eugline Bowman (If adopted, list adoptive parents only) Residence of father (if deceased, so state) 18/02 Eggle town Rollines Hatty Birthplace of father (State or foreign country) a factor of the state of t
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromes). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed O. Odduce New Address Subscribed and sworp to before me this 28 th day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Carette M Hendrickin is true and correct. Signed Carette M Hendrickin is true and correct. New Address Subscribed and sworn to before me this 28 th day of Dice 1992 HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana) SS:
County of HENDRICKS SS. ID #	County of HENDRICKS SS:
Mother ID # Subscribed and sworn to before me this day of, 19 Clerk	Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
The state of the s	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	erk of the Circuit Court of HENDRICKS County, Indiana,
dated12-28-92 , authorizing the marriage of andNANETTE MARIE FOX	
I, TERRY BAILEY	(name), certify that on JANUARY 16, 1993
(date), atINDIANAPOLIS	_ inMARION County, Indiana,
JOHN ALEXANDER ADDUCI of HENDRICKS NANETTE MARIE FOX of HENDRICKS Co.	CountyIN(state), and puntyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-16-93
Signed by: /s/ TERRY BAILEY	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	1-20-93 (date).
BOYCE FORMS + SYSTEMS 1-800-MEA-FRE 1477	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated Name of Physician Frankfort Apolical Center.
MALE APPLICANT	FEMALE APPLICANT
Place of Birth (State or foreign country) Residence Address Street or R.R. State S	Name Place of Birth Place of Birth (State or foreign country) Residence Address Street or R.R. State And City County State And County St
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Sther (Specify)	Date of birth verified by: Birth Certificate Sother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Parameters Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Muchael J. Hongson (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 29th day of December. 19 92 HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 25th Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Subscribed and sworn to before me this 25th HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss: County of HENDRICKS) ss: Father ID # Mother ID # Subscribed and sworn to before me this day of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued res and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Clated	MATTHEW FRANK MCPEEK I further certify that the following marriage certificate was filed in my office: (name), certify that on DECEMBER 31, 1992 in CLINTON
	Signed Connie Lawson Clerk HENDRICKS Circuit Court

HENDRICKS

County

667

12-29-92)
Date of Application

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Not Yes Not Ye
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Date
s application is true and correct.
Circuit Court
e. If only one parent signs,
The state of the s
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No. _ 668

County

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

204 7.0.4 Eurolobing folio information upon applying for license	Female Applicant 50 No Y Yes □
31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the	If No. Medical Examination or Report Dated
cuit court when the person applies for a marriage license under	Name of Physician Dr. Marde
31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Michael Middle Bakley	Name Wendy Middle Gerber
of Birth Month Say 54	Date of Birth Month Day Year
o of Birth (State or foreign country)	Place of Birth (State or foreign country)
dence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
435 Congwads Dr. Intob IN	10 Condonderry Ct. Danville IN
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Dother (Specify) Drivers Linense	Date of birth verified by: Birth Certificate Aother (Specify) Drivers License
	Birth Certificate
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No. Yes Yes
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No. 1 Yes 1	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? No Yes
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No. Yes Yes Yes	3. Are you now under the influence of an alcoholic beverage? No Yes ☐
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Alvin Payne Blakley	6. (a) Full name of applicant's father Expest Gerber
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Indiana	Residence of father (if deceased, so state) Indiana,
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Minnesota
(b) Full maiden name of applicant's mother Naomi Louise Adams	(b) Full maiden name of applicant's mother SYCO OY) Fact De YO
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Kentucky	Birthplace of mother (State or foreign country) Towa
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases t are sexually transmitted, and a list of the test site for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
nune deficiency syndrome).	immune deficiency syndrome) 1 1/4
nature of Applicant Date 12/30/92	Signature of Applicant Muchy & Stuber Date 1420/92
	The above applicant has objected to verifying by oath or affirmation or signature to the above
e above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
rk of Court Date 12/30	Clerk of Court Date
	State of Indiana) I swear/affirm that the information given
te of Indiana I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS ss: In this application is true and correct.
Asigned ///	Xsigned Musley of Steeper 461
New Address 1150 As Share Drice Mustown He 46151	New Address 1150 N Shore Dr. Martinsville IN 4617
oscribed and sworp to before me this 30 4 day of Alec , 19 92	Subscribed and sworn to before me this 30 th day of Dicc , 19 92 Clerk of the HENDRICKS Circuit Court
Clerk of the HENDRICKS Circuit Court	Christ Jawan Clerk of the HENDRICKS Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
unty ofHENDRICKS	County of HENDRICKS ss:
her ID #	Father ID #
	Mother ID #
	Cubesilized and quorn to before me this day of
	Subscribed and sworn to before me this day of, 19Clerk
oscribed and sworn to before me thisday of, 19Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	Clerk
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorize	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorize RETURN OF MARRIAGE LICENSE.	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE
Clerk County Add filed in RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that the county that the county the county that the county that the county that the county that the county the county that the count	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana,
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County, authorized and there was filed in my office a marriage license issued by the County, authorizing the marriage of, authorizing the marriage of,	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of
County The property of that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that the marriage of the county that the marriage of the marriage of the county that the marriage of the marriage of the marriage of the county that the marriage of the marriage of the marriage of the county that the marriage of the marriage	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Therefore, the Circuit Court of
Clerk County The property of that there was filed in my office a marriage license issued by the Clerk The property of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that there was filed in my office a marriage license issued by the Clerk of the county that the county tha	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County Add filed in RETURN OF MARRIAGE LICENSE Certify that there was filed in my office a marriage license issued by the Cated 12-30-92 MENDY DAWN GERBER REX H. EATON Cate), at INDIANAPOLIS MICHAEL TERRY BLAKLEY MORGAN	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of
Clerk County The diled in The diled in The diled in the was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that the county that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issu	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of
Clerk County The defiled in The defiled in The description of the	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana, MICHAEL TERRY BLAKLEY I further certify that the following marriage certificate was filed in my office: (name), certify that on JANUARY 1, 1993 in MARION County, Indiana, County IN (state), and ounty HENDRICKS County, Indiana, dated 1-1-93
Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County d filed in RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the County d WENDY DAWN GERBER REX H. EATON ate), at INDIANAPOLIS IICHAEL TERRY BLAKLEY JENDY DAWN GERGER JEN	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of
Clerk County The diled in The diled in The diled in the was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issued by the County that the county that there was filed in my office a marriage license issued by the County that there was filed in my office a marriage license issu	A marriage license having been refused to the above named parties, the Court, by written order issued zes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana, MICHAEL TERRY BLAKLEY I further certify that the following marriage certificate was filed in my office: (name), certify that on JANUARY 1, 1993 in MARION County, Indiana, County IN (state), and ounty IN (state) were married by me as authorized of HENDRICKS County, Indiana, dated 1-1-93 YOUTH MINISTER (official designation)

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>669</u>
HEND	ORICKS County File
	Date of Application
	Female Applicant 50 No. 7
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
ircuit court when the person applies for a marriage license under	Name of Physician J. Kerlin
C 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Last	
ate of Birth Marvin Ray Samples West Year	Name First Middle Hast Date of Birth Month Day Year 39 ins
ace of Birth (State or foreign country)	Date of Birth Month Day Year OO Place of Birth (State or foreign country)
GA.	IN
sidence Address Street or R.R. City Rd. Darsonville BA	Residence Address Street or R.R. City County To State 4618
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 8 . 8 7	Last Marriage Ended By: Death Divorce Annulment Date \ - 90
ate of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by: Birth Certificate Cother (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes ✓
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes;" has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? List the full names of any dependent children. Rebecce D., Desley Ray	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yenneth fault.
The state of the s	and the fall manner of any depotition children.
22 - 2 1 - 2	
(a) Full name of applicant's father Marrin Ralph Samples	6. (a) Full name of applicant's father James Over Higgins
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Boung ID
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother for a Alice loopes	(b) Full maiden name of applicant's mother Melva Jean Meado M
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Layland
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). Marvin Ray Jarythe Date 12-30-92	Signature of Applicant Samme Och and Sam Date 12/30/9
gradue of Applicant	Signature of Applicant Applicant Date 12011
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
bunty of HENDRICKS in this application is true and correct. Signed Marion Ray Jamyles	County of HENDRICKS in this application is true and correct.
Signed X Marin Kay Samples New Address	Signed New Address
bscribed and sworn to before me this 30 day of 12, 19, 92	Subscribed and sworn to before me this 30 day of 10 19 92
Clerk of the HENDRICKS Circuit Court	Commediation Clerk of the HENDRICKS Circuit Court
NICENIT OF PARENTS PARENTS OF SALESSAN	
NSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant hereby give consent for this marriage. If only one parent signs
te facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
te of Indiana) unty of HENDRICKS ss:	State of Indiana) Country of HENDRICKS SS:
herID #	County of
ther ID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
nted, authorizing the marriage of	MARVIN RAY SAMPLES
ndJAMMYE JOHANNA HIGGINS	I further certify that the following marriage certificate was filed in my office:
CYNTHIA J. SPENCE	(name), certify that on DECEMBER 30, 1992
	Ca County, Indiana,
NAME TOURNES UTGGTVG	County GA (state), and unty IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 12-30-92
ened by: /s/ CYNTHIA J. SPENCE ed and recorded in accordance with the laws of the State of Indiana on	,

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	No
	12-30-92 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr. Wilmont
MALE APPLICANT	FEMALE APPLICANT
Name Delion Edward Embertox	Name Teris an Middle Marquis
Date of Birth Day Year 5 31 1964	Date of Birth Month Day You 1966
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County, State
4332 Exmost Ct, Hallosoppilis, Marion, Indicasa Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address 013 E. Bunkara, Plainfield Herbucks India Previous Marital Status: Never Married OR No. of Previous Marriages
Date of birth verified by: Birth Certificate Other (Specify) Driver's License	Date of birth verified by: Birth Certificate Cother (Specify) Descripto Truccuse
1. Are you now or have you ever been adjudged to be of unsound mind? No ♥ Yes □	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No 2 / Yes	2. Are you related to the male applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
	The same of the sa
6. (a) Full name of applicant's father Kulhard Y- Emberton Sr.	6. (a) Full name of applicant's father Almes. R. Marguis
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Ellamae Kirby	(b) Full maiden name of applicant's mother Risks & Sharp
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country) Michigan	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquinimmune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS SS: in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
Signed A William Edygad Emberta New Address Same as above	signed Den arm 4 rangeme
Subscribed and sworn to before me this 30 day of December , 19 42	Subscribed and sworn to before me this 30 day of December , 19 92
Count hawan clerk of the HENDRICKS Circuit Court	Course facus of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS SS:	State of Indiana)
FatherID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19
Clerk	Cle
	A marriage license having been refused to the above named parties, th Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated 12-30-92 authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana WILLIAM EDWARD EMBERTON
dured, duriorizing the marriage of _	
I, J. ROBERT CLARK	I further certify that the following marriage certificate was filed in my office (name), certify that on JANUARY 16, 1993
(date), at PERU	_ in MIAMI County, Indiana,
THE TANK WARRIES	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-16-93
Signed by: /s/ J. ROBERT CLARK	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-19-93 (date).

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated 12-31-93 IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Name of Physician Howard Thorrison circuit court when the person applies for a marriage license under **FEMALE APPLICANT** MALE APPLICANT Partin

Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Indiana	Residence Address Street or R.R. City County State
Residence Address Street or R.R. City County State Oct. 4 Dot 252B . Classica Hendricks . In	Ot, 1 Box 155 Clarton Hardrich Th.
Previous Marriages OR No. of Previous Marriages	Previous Marital Status: Never Married POR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by:	Date of birth verified by: Birth Certificate Gother (Specify)
	Flentilization Card
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No
If answer is "yes," has the adjudication been removed? No Yes Y	2. Are you related to the male applicant closer than second cousin?
	3. Are you now under the influence of an alcoholic beverage?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
S. Est in the fall fall to the fall of the	
6. (a) Full name of applicant's father Harry Zone Johnson	6. (a) Full name of applicant's father Eugene Bartin
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother twide Low McCloud	(b) Full maiden name of applicant's mother Sense Elouise Morris
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired
	immune deficiency syndrome)
Signature of Applicant & Mishroul My Softman Date 12-31-92	Signature of Applicant XXX Qual 12-31-96
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS SS: In this application is true and correct.	County of HENDRICKS ss: / / in this application is true and correct.
Signed X mital of phrase	Signed X of Mobile of Fartis
New Address Washington St., Danville	New Address
Subscribed and sworn to before me this 3100 day of Dec. , 19 92	Subscribed and sworn to before me this 31st day of Dec., 19 92
Cornie Fauson Clerk of the HENDRICKS Circuit Court	Connie Jawoon Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	San distance in the san di
State of Indiana) Secretary of HENDRICKS ss:	State of Indiana)
County of	County of ID #
Father ID # Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	TE AND MADRIAGE CERTIFICATE
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	derk of the Circuit Court of HENDRICKS County, Indiana, MICHAEL Z. JOHNSON
dated 12-31-92 , authorizing the marriage of and ANGELA K. PARTIN	
and ANGELA K. PARTIN	I further certify that the following marriage certificate was filed in my office:

(name), certify that on MORGAN MOORESVILLE (date), at MOORESVILLE MICHAEL Z. JOHNSON County, Indiana, HENDRICKS IN County _ _(state), and HENDRICKS IN (state) were married by me as authorized ANGELA K. PARTIN County_ HENDRICKS ORDAINED MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_

1-11-93 Signed

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Report Dated If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Dan Edward Lyon	Name First / Middle Last
Date of Birth Month Day Year	Date of Birth Day Year 20 53
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City P.C.1 County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9.88	Last Marriage Ended By: Death Divorce Annulment Date 10, 91
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Pother (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? 1. Are you now or have you ever been adjudged to be of unsound mind? 1. No Yes 1.	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Wellsca Justin No New Yes D
5. List the full names of any dependent children.	
6. (a) Full name of applicant's father John Ednard Lyon	6. (a) Full name of applicant's father Jack Nelson Swinford
(If adopted list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Sycamoutle IN	Residence of father (if deceased, so state) Do reased
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother betty to bumber to	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Halen Lengra Warre
(b) Full maiden name of applicant's mother betty of burn ber to (if adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Herrican Control (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) IN PITA.
Birthplace of mother (State or foreign country) TN	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of Dac 1993 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signe
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS Ss:	County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Clerk	Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Co	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 12-31-92, authorizing the marriage of _	DAN E. LYON
	I further certify that the following marriage certificate was filed in my office (name), certify that onJANUARY 23, 1993
(date), at PLAINFIELD	inHENDRICKSCounty, Indiana,
	County IN (state), and
MYRA E. HOYT of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	f
Signed by: /s/ JAMES D. SPENCER PLAINFI	County, Indiana, dated 12 31 32
Filed and recorded in accordance with the laws of the State of Indiana on_	1-29-93 (date).
	Signed Cler Cler MENDRICKS Circuit Court

Form Prescribed Indiana State E	HANGANE (1987년 N. 1987년 대 1987년 N. 198
Health under A of IC 31-7-3 ON FOR I	MARRIAGE LICENSE
tlease	No
HEND	RICKS County File
Dollar	1-4.93
	Date of Application
IC 31-7-9. Tolish for license.	Female Applicant 50 No K Yes N
A person clerk of the	If No, Medical Examination or Report Dated
circuit cc ense under IC 31-7-3 commits a Class D felony.	Name of Physician
10 01-7-9 commits a class b loomy.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Month Day teal
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Same?	337 N. Washington Danville
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death D. Divorce Annulment Date 1.52
Date of birth verified by: Birth Certificate Q Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No S Yes □	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No 🔼 Yes 🗌	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full flames of any dependent children.
6. (a) Full name of applicant's father Paul John Adams	triol Catal Scient
6. (a) Full name of applicant's father law some fitting of the fit	6. (a) Full name of applicant's father Charles Foster Dright (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Degeased	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Dessie Levise Sivetts
(b) Full maiden name of applicant's mother Mary Hrendos (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Unionville MO
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1 have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Mayne Mayne Mayleate 1-4-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed HENDRICKS Signed Hendricks Signed Hendricks Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this HENDRICKS Signed HENDRICKS Subscribed and sworn to before me this day of HENDRICKS
Circuit Court	Circuit Court Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
MotherID #	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 1-4-93, authorizing the marriage of	EDMUND W. ADAMS
and MAXINE J. WRIGHT I. CYNTHIA J. SPENCE	
(date), atDANVILLE	(name), certify that on1-4-93in HENDRICKS
EDMUND W. ADAMS of HENDRICKS	CountyIN(state), and
MAXINE J. WRIGHT of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized County, Indiana, dated 1-4-93
Signed by: _/S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	, <u>1ST DEPUTY CLERK</u> (official designation) 1-4-93 (date).
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 17-17-92 If No, Medical Examination or Report Dated 12-17-92 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Tage First As yeste. I lay in ten	Name Mint First of De Middle in A Last. +1
Date of Birth Month Day 2 Year 6 9	Date of Birth Month Day Year 7.3
Place of Birth (State or foreign country)	Place of Birth (State or foreign cgurgy)
Residence Address Street or R.R. A City County State County	Residence Address Areet or R.R. City D. A. County Phate
981 W. Mundt. apt 4 Nonwellen.	TY Rd Bay 276 Claylon, In 46
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Suher (Specify) Dr. Lie .	Date of birth verified by: Sirth Certificate Souther (Specify) In . Lie .
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes No Yes No Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes Yes No Yes Yes No Yes Yes Yes No Yes Y	Are you related to the male applicant closer than second cousin? Note Yes Are you now under the influence of an alcoholic beverage? Note Yes
Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? Not Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Nacial Leslie Shorter	6. (a) Full name of applicant's father fame Drawld Amet
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Sherley Jean Butcher	(b) Full maiden name of applicant's mother share arline x
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Simplified of motion (State of Total Country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	immune deficiency syndrome). Signature of Applicant Control of Applican
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Run T. Work Apt Dany le In-	State of Indiana County of HENDRICKS Signed New Address State of Indiana I swear/affirm that the information in this application is true and co
subscribed and sworp to before me this day of he hendricks are Circuit Court	Subscribed and sworn to before me this
Clerk of the HENBRICKS Circuit Court	Cornie Jawen Clerk of the HENDRICKS Circuit C
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONNIE PARENTS, PARENT, OR GUARDIAN
Clerk of the HENÓRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:	Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent sistate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sistemark Sistemark County of HENDRICKS
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana (Section 1) Section 2) Section 2) Section 3) Section 3)	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sather	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Section ID #	Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19
Clerk of the HENÓRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sather	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s 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 The marriage license having been refused to the above named parties,
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sather ID # County of ID # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A COUNTY	Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 marriage license having been refused to the above named parties, Court, by written order issued
Clerk of the HENÓRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana Ocunty of HENDRICKS Sather ID # Glork COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in, authorize	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued es and directs the issuance of a marriage license to the above named parties
Clerk of the HENÓRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana D #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued 19 Es and directs the issuance of a marriage license to the above named parties and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE 19 EVER OF the Circuit Court of 19 HENDRICKS County, Indiana
Clerk of the HENÓRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana D #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of 19 A marriage license having been refused to the above named parties, Court, by written order issued 19 Es and directs the issuance of a marriage license to the above named parties and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indian DAVID FREDRICK SHORTER
Clerk of the HENÓRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana D #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 A marriage license having been refused to the above named parties, Court, by written order issued 19 and directs the issuance of a marriage license to the above named parties. EE AND MARRIAGE CERTIFICATE Eark of the Circuit Court of HENDRICKS County, Indianal DAVID FREDRICK SHORTER I further certify that the following marriage certificate was filed in my office.
Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana D #	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s 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 The subscribed and sworn to before me this day of 19
Clerk of the HENÉRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Author County of Jerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of Jerk County of Jerk County OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County Jerk County	Consent of Parents, Parent, or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent is state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Example Iicense having been refused to the above named parties, Court, by written order issued Iicense to the above named parties and directs the issuance of a marriage license to the above named parties. Example Example Example Example Example Iicense to the above named parties. Father ID # Mother ID # Subscribed and sworn to before me this day of Indiana Father ID # Mother ID # Mother ID # Mother ID # Language Iicense having been refused to the above named parties, Court, by written order issued III Indiana Example Example Example III Indiana Example III Indiana Language III Indiana County Indiana County IN (state), and
Clerk of the HENÉRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana Security of HENDRICKS Sather Subscribed and sworn to before me this day of 10 // 19 // 1	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of ID # Example Subscribed and sworn to before me this day of ID # Example Subscribed and sworn to before me this day of ID # Example Subscribed and sworn to defore me this day of ID # Example Subscribed In ID # Subscribed In ID # Example Subscribed In ID # Example Subscribed In ID # Example Subscribed In ID # Subscribed In ID # Subscribed In ID # Example Subscribed In ID # E
Clerk of the HENÉRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Author County of Jerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of Jerk County of Jerk County OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County Jerk County	Consent of parents, parent, or guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent sisted facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 % Court, by written order issued es and directs the issuance of a marriage license to the above named parties, E AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS I further certify that the following marriage certificate was filed in my officename), certify that on JANUARY 16, 1993 in MARION County, Indiana, County IN (state), and unty IN (state) were married by me as authoricated the state of the county, Indiana, dated 1-4-93
Clerk of the HENBRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sather ID # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filled in	Consent of parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father Mother Subscribed and sworn to before me this day of 10 % Court, by written order issued es and directs the issuance of a marriage license to the above named particles and directs the issuance of a marriage license to the above named particle and the circuit Court of HENDRICKS County of HENDRICKS County, Indiana, County IN (state) were married by me as authoricated was filed in my off the County IN (state) were married by me as authoricated was filed in my off the County IN (state) were married by me as authoricated was filed in my off the County IN (state) were married by me as authoricated was filed in my off the County, Indiana, dated 1-4-93

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND.	RICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes Yes /2-//-92
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination of Report Dated Name of Physician O. Wilmat M.P.
IC 31-7-3 commits a Class D felony.	Name of Physician 70. 77 Contact, 77.4.
MALE APPLICANT	FEMALE APPLICANT
Name (First / OMiddle / Libet /	Name First / Middle/ (Ast_)
mark allen Hindsley	Dlana Kry Linn
Date of Birth Month 6 Day 0 Year 49	Date of Birth Month 9 Day 13 Year
Place of Birth (State or foreign couptry)	Place of Birth (State or foreign country)
Resigence Address (Street or R.R.) City County State)	Residence Address , Street or R.R. Or County State
26 E. Muen Brionstang In.	201 W. Tilden Wr. Korwashurs In.
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date /99/	Last Marriage Ended By: Death Divorce Annulment Date 1991
Last Marriage Ended By: Death Divorce Annulment Date / 7 9/	Last Marriage Ended By: Death Divorce Annulment Date / 9 9 /
Date of birth verified by: Birth Certificate Super (Specify) N. Suc	Date of birth verified by: Birth Certificate Author (Specify) Nr. Ju.
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No / Yes /	1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes	If answer is "yes," has the adjudication been removed? No Yes es
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? Now Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
10 - 101 - 71	De 2022 11:1:+
6. (a) Full name of applicant's father Lene all den Nindsley	6. (a) Full name of applicant's father Jevall Marcus Vidita
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Theresa ann Villon	(b) Full maiden name of applicant's mother Lena Lauise Nulfar
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Cleremont, S.	Residence of mother (if deceased, so state) Burnhung .
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)
Signature of Applicant Mark Ce. Durldey Date 1-5.95	Signature of Applicant Claring t. Zum Date 1-5-97
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS In this application is true and correct.	State of Indiana) I swear/affirm that the information given ss: in this application is true and correct.
Signed news a. Berlden	Signed Clarin K. Zrin
New Address 207 W. TILDEN	New Address SAME
Subscribed and sworn before me this 5 TH day of JAN , 19 93	Subscribed and sworn before me this 5 th day of January , 19 73
Cornections Clerk of the HENDRICKS Circuit Court	Connections Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	The state of the s
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties the
	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
A THE RESIDENCE OF THE PARTY OF	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-5-93, authorizing the marriage of	
	I further certify that the following marriage certificate was filed in my office:
I, DAVID L. WOHLENHAUS (date), at BROWNSBURG	(name), certify that on JANUARY 9, 1993 in HENDRICKS County, Indiana.
	TN
COLUMN WAY TANK	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-5-93
Signed by: /s/ DAVID L. WOHLENHAUS	
Filed and recorded in accordance with the laws of the State of Indiana on	1-13-93 (date).

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. <u>4</u>
HENL	ORICKS County File
	/-7-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1 If No, Medical Examination or Report Dated 1-7-93 Name of Physician 2 Archiver, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name / First M. Middle / Mast	FEMALE APPLICANT Name
Date of Birth Month Day Year Year	Date of Birth Month, Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Resigence Address 1 Street or R.R. A City Griffing O State 1	Residence Address Addr
601 W. morskip dene Kd., Pleasteld.	601 W. Trinshiptine Kd. Herenfeelden
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Gother (Specify) DN - Tw	Date of birth verified by: Birth Certificate Other (Specify) NN. LLC.
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? 1. Yes . Yes 1. Ye
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes □ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Ves Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Cypthia Fathleen Classey 11 ms.	Cynthia Kathleen Clossey 1/ms.
6. (a) Full name of applicant's father properly Rugery Closery	6. (a) Full name of applicant's father Paul Peter Mosinski
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Plusheild In.	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Thanky Tee Wall (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Hair Reginalinn Ver Boom
Residence of mother (if deceased, so state) Thurstield, In	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Calofarnia
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Date
State of Indiana County of HENDRICKS Signed A County of New Address Same	State of Indiana County of HENDRICKS Signed Michaela Mich
Subscribed and sworp to before me this 79 day of 19 93	Subscribed and sworn Jestefore me this 7 day of 2 19 93
Clerk of the HENDRICKS Circuit Court	Cracie daws Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
Same races which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana). County of HENDRICKS ss:	State of Indiana) Countried HENDRICKS ss:
Father ID #	FatherID #
MotherID #	Mother ID #
Clerk	Subscribed and sworn to before me this
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated 1-7-93	erk of the Circuit Court of HENDRICKS County, Indiana,
and MICHELE MARIE COLLINS	I further certify that the following marriage certificate was filed in my office:
I, JANICE S. CHILEWSKI	(name), certify that on JANUARY 7, 1993
	_ inHENDRICKS County, Indiana, CountyIN (state), and
MICHELE MARIE COLLINS of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ JANICE S. CHILEWSKI	CHIEF DEPUTY CLERK (official designation)
	1-12-93 (date).

_ Clerk _Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENL	DRICKS County File
	7-8-93 Date of Application
	Cate of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 1-7-93 Name of Physician Mark Sentry, H.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle 1 Last P	Name I First Middle Last A
Date of Birth Date of Birth Place of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marriad Status: Never Married OR No. of Previous Marriages	Date of Birth Month Day 20 Year 7 4 Place of Birth (State or foreign country) Residence Addreas Steel or R.R. City County State Previous Marital Status: Never Married D.R. No. of Previous Marriages
Date of birth verified by: Birth Certificate Other (Specify) Div. Duce	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Dat
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the female applicant closer than second cousin? No Yes Yes Are you now under the influence of an alcoholic beverage? No Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Annual Alla Society (If adopted, list adoptive parents only) Residence of father (lif deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Angeliana Eva Men (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworm to before me this Clerk of the I swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Accie M. David New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
/e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, late facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ss:	State of Indiana) County of HENDRICKS) SS:
atherID #	Father ID # Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
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 ces and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana,
lated 1-8-93 , authorizing the marriage of andGRACIE MICHELLE DAVIS	JIMMY DWAYNE VANLUE
REV. JERRY G. VANLUE	I further certify that the following marriage certificate was filed in my office: (name), certify that onJANUARY 12, 1993
date), atDANVILLE	in HENDRICKS County, Indiana,
GRACIE MICHELLE DAVIS of HENDRICKS Co	County IN (state), and
GRACIE MICHELLE DAVIS of HENDRICKS Conder a marriage license that was issued by the Clerk of the Circuit Court of	UENDRICKE
igned by: /s/ REV. JERRY G. VANLUE	MINISTER (official designation)

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HFNI	DRICKS County File
	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr. Ce
MALE APPLICANT	FEMALE APPLICANT
Name Paul Middle Holladay	Name Prirst Middle Last
Date of Birth Month Day Year Place of Birth (State or foreign country) Residence Address Street or R.R. Dity County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1992	Date of Birth Manth Day Vear Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Sother (Specify) Drivers Ucerso	Date of birth verified by: Birth Certificate Dother (Specify) Drivers License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. **Nay 1a Nicole Hollanday** Ashley Marche Hollanday**	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother of the country) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	6. (a) Full name of applicant's father (if adopted, list adoptive parents only) Steven Larry W1150 Residence of father (if deceased, so state) TN Birthplace of father (State or foreign country) TN (b) Full maiden name of applicant's mother Sherry Hayes (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) TN Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant According to the communication of the communi	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). **Signature of Applicant** **Date** **
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct. New Address Subscribed and sworn to before me this day of Dan 19 93 HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Glerk of the HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of Adam 19 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana) County of ID # Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE Is certify that there was filed in my office a marriage license issued by the Cledated 1-8-93	E AND MARRIAGE CERTIFICATE
. ROSE MARTE DETTY , amorting the marriage of	I further certify that the following marriage certificate was filed in my office:

HENDRICKS

HENDRICKS

Filed and recorded in accordance with the laws of the State of Indiana on 1-12-93

ROSE MARIE DETTY

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

IN

IN

JUDGE

HENDRICKS

(date).

(state), and _

(official designation)

___ (state) were married by me as authorized County, Indiana, dated 1-9-93

Clerk Circuit Court

County _

County .

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

<u>HEND</u>	PRICKS County File
	/-//- 93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes If No, Medical Examination or Report Dated /2-8-92 Name of Physician Name of Physician Name of Physician Name of Physician Name
MALE APPLICANT	FEMALE APPLICANT
Name Pierst Middle Last Month Day 2 Year 4 8	Name Date of Birth Date of Birth State or foreign country) Date of Birth State or foreign country Date Divorce Date Date Q Q O
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a fist of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 11 day of HENDRICKS Clerk of the HENDRICKS Clerk of the Clerk of the Clerk of the HENDRICKS Clerk of County of HENDRICKS Clerk of the HENDRICKS Clerk of the Clerk of the HENDRICKS	State of Indiana County of HENDRICKS Signed Sand South Struct Subscribed and sworm before me this MENDRICKS Subscribed and sworm before me this HENDRICKS Clerk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana County of HENDRICKS Sas: Father ID # Subscribed and sworn to before me this day of , 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of and	erk of the Circuit Court of HENDRICKS County, Indiana,
	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), at	in County, Indiana
	County(state), and unty(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:	HENDRICKS County, Indiana, dated
Filed and recorded in accordance with the laws of the State of Indiana onS	Signed (date). Clerk Circuit Court
BOYCE FORMS + SYSTEMS 1-800-M2-8702 1477	Circuit Court

Circuit Court

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

	No.
HENDI	RICKS County File
	1-11-93
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	THE RESERVE OF STREET STREET,
MALE APPLICANT Name First Middle Last/ 1	FEMALE APPLICANT
Date of Birth Month Day 20 Year Year	Date of Birth Month
9 28 33	3 21 40
Place of Birth (State or foreign country) Muncie In.	Place of Birth (State or foreign country) I de analyse of Birth (State or foreign country).
Hesidence Address Street or R.R. Call City Intoles. State	Residence Address Bireet or R.R. 41-2 Levely State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1988	Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐ Date 1984
Date of birth verified by: Birth Certificate Agher (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- 10/1: 1/20.	- Midle.
1. Are you now or have you ever been adjudged to be of unsound mind?	
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No ✓ Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No. Yes No.	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? Noter Yes Noter Yes Noter Yes	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐ 5. List the full names of any dependent children.
3. (a) Full name of applicant's father Delma & M. Kinley	6. (a) Full name of applicant's father Ernest O. Baker
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (1) (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Yarkstaurn, In.	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Officerage.
(b) Full maiden name of applicant's mother accelle Chelles (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother charles (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Warktown, In	Residence of mother (if deceased, so state) Olcliged
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) . Va.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acqui
mmune deficiency syndrome). Signature of Applicant Signature of Applicant Date 1-11-23	Signature of Applicant inestine & Bergerston Date 1/11/93
	Same of the same o
The above applicated has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss: Ounty of HENDRICKS In this application is true and correct.	State of Indiana I swear/affirm that the information gives County of HENDRICKS SS: In this application is true and corrections.
	County of HENDRICKS In this application is true and corre
Signed James & Many	Signed exesting & Dufferspor, 0 01
New Address 12 501 Ulmerton & 1. 4 22 4 Lungar	New Address 12501 Ulmerton 189 # 224 Sugo Sla 3
New Address 1250/ Ulnuton Rd. 224 Lungar ubscribed and sworp to before me this // day of 22 193	Signed relative & Auffred 1 224 Sugo Sla 3 New Address 12501 Ulmerton 14 224 Sugo Sla 3 Subscribed and sworn to before me this // 4 day of Jan. 19 93
New Address 1250/ Ulnuton Rd. 224 Lungar ubscribed and sworp to before me this // day of 2 193	Signed Selection & Defferson # 224 Sugastle 3 New Address 12501 Uneither # 224 Sugastle 3 Sybscribed and sworn to before me this // day of Jan. 19 43
New Address 12501 Ulmiton Rd. 224 rugs subscribed and sworms before me this // day of 1923 . 1923 Circuit Court Court ONSENT OF PARENTS, PARENT, OR GUARDIAN	Signed Selection South State 1 224 Sugs State 3 224 Sugs
New Address 12501 Ulmuton Rd. 224 rugs subscribed and sworm to before me this	Signed Selection Supplied The HENDRICKS Signed Selection Supplied The HENDRICKS Circuit Co
New Address 12501 Ulmuton Rd. 224 furger upscribed and sworn to before me this	Signed Selection State S
New Address 2501 Ulmuton Rd. 224 rugs upscribed and sworn to before me this	Signed 25 of United State of Indiana Signed 25 of United State of Indiana Signed 25 of United State of Indiana New Address 25 of United State State of Indiana New Address 25 of United State State of Indiana Aday of 1224 Supplied 3 HENDRICKS Circuit Co
New Address 250 Ulmuron Rd. 224 rugs superioded and sworm to before me this	Signed Selection Shaper Selection State of Indiana Subscribed and sworn to before me this
New Address 250 Ulanton Rd. 224 Furger superior day of 274 Furger superior	Signed Selection Shaper Selection State of Indiana Subscribed and sworn to before me this
New Address 2.30 Ulmorbook d. 2.24 burger day of	Signed Selection State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Circuit Co CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant 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
New Address 250 Ulanton Rd. 224 Furger subscribed and sworm to before me this	Signed State of Indiana County of HENDRICKS Subscribed and sworn to before me this
New Address 2 2 4 Funger Subscribed and sworn to before me this	Signed Selection Comparison # 224 Sup Sk Subscribed and sworn to before me this
New Address 2 2 4 Fungs ubscribed and sworn to before me this	Signed State of Indiana County of HENDRICKS Subscribed and sworn to before me this Java day of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of Hendricks Circuit County of Hendricks County of Hendricks Circuit County of Hendricks County of Hendricks County of Hendricks Circuit County of Hendricks
New Address 2 2 4 rugs before me this	New Address 250 Unnector 224
New Address	New Address 250
New Address	New Address 250
New Address	New Address 250 Understand 224 Supplies 234 Supplies 343
New Address 1250	New Address 250 Unnetwork 1324 Supplied 33 34 34 34 34 34 34 3
New Address 1250	New Address 250 Unnew Delay 224 Supplied 324 Supplied 324 Supplied 324 Supplied 324
New Address	New Address 250 Unnection 4 224 Sugar State 3 3 3 3 3 3 3 3 3

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDR	ICKS County File
	1-11-93 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves If No, Medical Examination or Report Dated /-//- 93 Name of Physician L. Clark, M.D.
MALE APPLICANT	FEMALE APPLICANT
ame O First & Middle D Life	Name and Middle Farester
Date of Birth Month Day Year Residence Address Straget or R.R. City County Stage County Stage County Stage Annulment Date	Place of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Styleet or B.R. Styleet or B.R. OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth-Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 1. Ves Yes	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Clarence Edward Burnside	II. (a) Full name of applicant's father Ross Farrestery &.
(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 state of the factor	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1-1-63 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	
State of Indiana County of HENDRICKS Signed COMMING E BUNNEY New Address Subscribed and sworn to before me this Clerk of the I swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS)	State of Indiana) County of HENDRICKS) Ss:
Father ID # Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I will the there are first and the control of the c	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-11-93 , authorizing the marriage of _	I further certify that the following marriage certificate was filed in my office:
I, JAMES W. WARREN	(name), certify that onJANUARY 14, 1993
(date), at HAZELWOOD	_ inHENDRICKS County, Indiana,
7	. Courting
AMY MARIE FORRESTER of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-11-93
Signed by: /s/ JAMES W. WARREN	, ORDAINED MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	Signed (date). Clerk HENDRICKS Circuit Court

STATE OF INDIANA

Health under Authority of IC 31-7-3 APPLICATION	FOR MARRIAGE LICENSE
	HENDRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for lic A person who knowingly furnishes false information to a clerk circuit court when the person applies for a marriage license IC 31-7-3 commits a Class D felony.	of the If No, Medical Examination of Report Dated 7-11-92
MALE APPLICANT	FEMALE APPLICANT
Name Pirst	Name Brist Middle. Date of Birth (State or foreign county) Place of Birth (State or foreign county) Place of Birth (State or foreign county) Residence Address Street or BR. City St. County 222 M. State Or St. City St. A State Or St. County Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date / 990
Date of birth verified by: Sirth Certificate Sother (Specify) & Ric.	Date of birth verified by: Birth Certificate Souther (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father added through the father (if adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Muruam Ruth Fan (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable that are sexually transmitted, and a list of the test sites for the virus that causes AIDS minume deficiency syndrome). The property of Applicant Date 1	
the above applicant has objected to verifying by oath or affirmation or signature to the cknowledgment because of religious beliefs. Date	he above The above applicant has objected to verifying by oath or affirmation or signature to the about acknowledgment because of religious beliefs. Clerk of Court Date
Signed Control of New Address New Address Subscribed and sworn to before me this Control of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS I swear/affirm that the information is true and the control of the control of the information is true and the control of	HENDRICKS SS: /
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one pare tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN
tate of Indiana) ss: ounty of <u>HENDRICKS</u>) ss: other ID # ubscribed and sworn to before me this day of , 19	State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of 19
	COURT. A marriage license having been refused to the above named parties, the
County	Court, by written order issued
certify that there was filed in my office a marriage license issued bated, authorizing the marria	E LICENSE AND MARRIAGE CERTIFICATE by the Clerk of the Circuit Court of HENDRICKS County, Indiana age of JAMES CHRISTOPHER ARNETT
md BRENDA MIRIAM WAGNER JANICE S. CHILEWSKI	. I further certify that the following marriage certificate was filed in my office (name), certify that onJANUARY_12, 1993
date), atDANVILLE	in HENDRICKS County, Indiana,
JAMES CHRISTOPHER ARNETT of HENDRICKS BRENDA MIRIAM WAGNER of HENDRICKS	County IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Signed by: _/S/ JANICE S. CHILEWSKI	Court of HENDRICKS County, Indiana, dated 1-12-93 CHIEF DEPUTY CLERK (official designation)

1-12-93

(date).

_ Clerk Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
	1-12-93
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1-12-93 If No, Medical Examination or Report Dated 1-12-93 Name of Physician W & Edwards, 17, D.
MALE APPLICANT	FEMALE APPLICANT
Name & First & & Middle & Last	Name A P First A Migdle A Last
Date of Birth Month 10 Day 5 Year 73	Date of Birth Month / Obey 8 Year 72
Place of Birth (State or foreign country) Danville In.	Place of Birth (State or foreign country)
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married CR. No. of Previous Marriages Street, Bristonshung Previous Marital Status: Never Married CR. No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes No Yes □
2. Are you related to the female applicant closer than second cousin? No ☑ / Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ / Yes □	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ✓ Yes ✓	4. Are you now under the influence of a narcotic drug? No Ves
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father James Robert Warren	6. (a) Full name of applicant's father Charles David Burdene
(If adopted, list adoptive parent only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Branshung S.	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Deura dynn Amith	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Nancetta to Feltner
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Brundung In.	Residence of mother (if deceased, so state) Indunafalis In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome). Man day of A and a day
Signature of Applicant Danua 2. Warren Date 1-12-93	Signature of Applicant Charlotte of Burdine Date 1-12-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
signed Danied & Warren	Signed Charlotte of Burdin
New Address Subscribed and sworp lepbefore me this 12th day of 1993	New Address 12 %
Subscribed and sworn tenbefore me this day of HENDRICKS . 19 93	Subscribed and sworn to before me this day of , 19 19 Clerk of the HENDRICKS Circuit Court
	Officer Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID #	Father ID #
MotherID # Subscribed and sworn to before me thisday of19	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed inauthorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
, words	
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-12-93 , authorizing the marriage of and	
I, REV. LARRY JOSEPH JENKINS	I further certify that the following marriage certificate was filed in my office: (name), certify that on JANUARY 12, 1993
(date), atBROWNSBURG	in HENDRICKS County Indiana
CUADIOMME TO DUDDINE UENDATORO	CountyIN(state), and
CHARLOTTE JO BURDINE of HENDRICKS Con	unty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ REV. LARRY JOSEPH JENKINS	CODD TANDO MILLOCATION COUNTY, Indiana, dated 1-12-95
Filed and recorded in accordance with the laws of the State of Indiana on	

____ Clerk _Circuit Court

Circuit Court

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

	No. 12
HEN	DRICKS County File
	1-13-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes I If No, Medical Examination or Report Dated /-/4-93 Name of Physician The Wendy Lie, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First 91 Middle Mast	Name First Middle Last
Date of Birth Month, Day 2 Year	Date of Birth Month Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address System of R.R. ACity Confess State of
17 Carth great Ruy, Braindurg in	19 Harthgren Tkery, Brainshing
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1997	Last Marriage Ended By: Death Divorce Annulment Date 1981
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Author (Specify) Dr Liv.
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? No Yes Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ✓ Yes □	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	List the full names of any dependent children.
Maria O A	
6. (a) Full name of applicant's father Welliam Jefferson scale	6. (a) Full name of applicant's father of Naward Orthur
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Indianapalia	(If adopted, list adoptive parents enly)
Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or togetign country)
(b) Full maiden name of applicant's mother Many Glances Rodge (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Kathryn Yorst
Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only). Residence of mother (if deceased, so state).
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1-13-53	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome) Signature of Applicant Date 1-13-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana	
County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct.	State of Indiana) I swear/affirm that the information giver County of HENDRICKS ss: in this application is true and correct
Signed 6 Renes W Hall	Signed Janes K. Bouston
Subscribed and sworm to before me this 154 day of Ora 19 93	Subscribed and sworn to before me this 15th day of 4x, 19 93
Connie Lawson Clerk of the HENDRICKS Circuit Court	Consultants Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of	County of HENDRICKS SS:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
aatea, authorizing the marriage of	JAMES WILLIAM SCALES
I, DOUGLAS A. LITSEY	. I further certify that the following marriage certificate was filed in my office: (name), certify that on JANUARY 22, 1993
(date), atDANVILLE	in HENDRICKS County, Indiana,
JANE KAY HOUSTON C HENDRICKS	County (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /s/ DOUGLAS A. LITSEY Filed and recorded in accordance with the laws of the State of Indiana on	MINISTER (official designation)
and recorded in accordance with the taws of the State of Indiana on	1-29-93 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENI	No
HENL	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1-14-93 If No, Medical Examination or Report Dated 1-14-93 Name of Physician 11. Kerlin, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name any Eric White	Name Print Hydrigan Juster
Date of Birth Day 31 Year 66	Date of Birth Month 2 Day 12 Year 67
Place of Birth (State or foreign country) Leve Wante In Inc.	Place of Birth (State or foreign country)
Residence Address B Street or R.R. 93 City Country State 46/1/8	Residence Address 1090 Black Farest Disputs Please Of
Previous Marital Status: Never Married OR No. of Previous Marriagos	Previous Marital Status: Never Married Sel No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify) 101 Lic-
1	
Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father James William White	6. (a) Full name of applicant's father Janus Rallan Tyler
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Thy are saille, In-	Residence of father (if deceased, so state) The year of the state of t
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother thrill lean Cample	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Belthy less thright
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) The refueld, In.	Residence of mother (if deceased, so state) Therefold.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1-14-93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Signed James Eller White	County of HENDRICKS in this application is true and correct.
New Address Same	New Address P. D. Box 293
Senscribed and sworn to before me this / 4th day of 1 19 93	Subscribed and sworn to before me this 14 day of 2 19 9.3
Clerk of theCircuit Court	Clerk of the HENORICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedcourt, by written order issued
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated $\frac{1-14-93}{}$, authorizing the marriage of ${}$	lerk of the Circuit Court of HENDRICKS County, Indiana, JAMES ERIC WHITE
	I further certify that the following marriage certificate was filed in my office:
I, REV. JOHN L. CROSE	(name), certify that on JANUARY 16, 1993
(date), at PLAINFIELD	_ in HENDRICKS County, Indiana,
JAMES ERIC WHITE OF HENDRICKS	. County (state), and
LISA ELLEN TYLER of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 1-16-93
Signed by: /s/ JOHN L. CROSE Filed and recorded in accordance with the laws of the State of Indiana on	, ORDAINED MINISTER (official designation)

____ Clerk Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Previous Marital Status: Last Marriage Ended By: Death 🔲 Divorce Annulment Annulment Death Divorce Last Marriage Ended By: Birth Certificate Other (Specify) Birth Certificate Other (Specify) No D Yes 🔲 No D Yes 🗌 Yes 🔲 No 🗆 No / Yes Yes 🔲 No 🔽 Yes 🗆 Yes 🔲 No B Yes 🗌 Yes 🗌 No 🖸 Yes 🗌 Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases wledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information give I swear/affirm that the information given State of Indiana HENDRICKS 421 .19 93 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County ___ __ Court, by written order issued __ ___, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS RACHEL DAWN EADS JAMES D. CLAYTON INDIANAPOLIS (date), at INDIANAPOL BRANDON LOYD TERRY ____ County, Indiana, HENDRICKS IN ___(state), and _ _ County ___ IN RACHEL DAWN EADS under a marriage license that was issued by the Clerk of the Circuit Court of PASTOR HENDRICKS Signed by: /s/ JAMES D. CLAYTON _ (official designation) 2-22-92 Filed and recorded in accordance with the laws of the State of Indiana on_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	Female Applicant 50 No Seport Dated Name of Physician Seport Dated
IC 31-7-3 commits a Class D felony.	Name of Frigorian
MALE APPLICANT	FEMALE APPLICANT
Name Fypt Middle Lest	Name First 1 21 Middley / Last .
Date of Birth Month Day Wallson	Date of Birth Month Day Year
5 29 33	1 30 39
Place of Birth (State or foreign country) Qubern 9. 1	Place of Birth (State or foreign country) In diamagnetic In.
Residence ddress Street or R.R. 1 City County State A	Residence regidess Street or R.R. City County State
The led & Thursand Soland IK.	Tes pre 44 argin, on.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date / 9 9.3	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify) Dr. Lice	Date of birth verified by: Birth Certificate Other (Specify) Sa Lic.
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes □	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Takert Julius Undersen	6. (a) Full name of applicant's father Carl George Weilhamer
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Deceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother were way	(b) Full maiden name of applicant's mother Thury Thurst
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **Delta sel	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) New York	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrolne).	immune deficiency syndrome).
Signature of Applicant Date 1/15/43	Signature of Applicant Sunt W Sulf bate 1-10-19
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
	THE RESIDENCE OF THE PARTY OF T
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed Signed LU Lucius I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this 15th day of Jan 19 93	New Address Subspiribed and sworn to before me this 15 of day of 1993
Conside Lawson Clerk of the HENDRICKS Circuit Court	Comil Laws Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IS MARRIAGE LIGENIOS IGCUES DV CONTRA	
	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	of and directs the issuance of a marriage needse to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated, authorizing the marriage of	JOHN DAY ANDERSEN
and JANET WEILHAMER LEWIS	I further certify that the following marriage certificate was filed in my office:
I, EDWARD W. JONES	(name), certify that on JANUARY 30, 1993
JOHN DAY ANDERSEN of JEFFERSON	_ in MARION County, Indiana,
TAMES WELL HAMED LEWIS	County N.Y. (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	Total of the total
Signed by:/s/ EDWARD W. JONES BISH	OP, EPISCOPAL CHURCH (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-2-93 (date).
The land of the state of matara on_	(utile).
	and Change Land
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	Circuit Court

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

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves If No, Medical Examination of Report Dated 12-30-9 Name of Physician W. Macey, H.D.
MALE APPLICANT	FEMALE APPLICANT
Name 1 First Middle Lag	Name michelle Middle Lee Genbers
Date of Birth Day Vear Year	Date of Birth Month, Day Vear
6 18 72	6 19 15
Place of Birth (State or foreign country) Brazil In .	Place of Birth (State or tough country) Thurmapalls In.
Residence godress Bay 425 City County State County County State	3275 Strong or B.R. 475 W Resource State
	Previous Marital Status: Never Married SQR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Airth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No E Ye Ye Ye Ye Ye Ye Ye Ye Ye Y
3. Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? No Ye Ye Ye Ye Ye No Ye
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Carrall Eugene Perisho	6. (a) Full name of applicant's father Wayne anthony Com
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Clayton, in	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
	(b) Full maiden name of applicant's mother Laura Bestri
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Clauston. In.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
	Different State of the State of
Signature of Applicant De Wayne & crusho Date 1-19-9: The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	Signature of Applicant Mickelle L. Control Date The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address New Address Subscribed and sworn to before me this Clerk of the State of Indiana I swear/affirm that the information given in this application is true and correct. Signed New Address A 1 5 00 P 3 REELSV: LLE T ~ 4/6 F Subscribed and sworn to before me this HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed Wicklife L. Cruticov New Address Rt 130x 83 Reliability On 4(0)7 Subscribed and sworn to before me this 194 day of HENDRICKS Circu
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	Crate of Indiana
State of Indiana) County of HENDRICKS) SS:	State of Indiana County of A HENDRICKS SS:
Father ID #	Father Clapso Cathony weren 10 "
Mother ID #	Mother Dama Beatha am Emblagon 10 "
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this 19th day of January , 19 93
Charles and the second	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named pa
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Condition 1-19-93	lerk of the Circuit Court of HENDRICKS County, India
MICHELLE LEE EMBERCON	
and MICHELLE LEE EMBERSON 1 STEVAN W. RANSON	I further certify that the following marriage certificate was filed in my of the control of the certify that onJANUARY 23, 1993
(date), at CLAYTON	in HENDRICKS County, Indiana,
	County IN (state), and
TRACEY DEWAYNE PERISHO of HENDRICKS	
TRACEY DEWAYNE PERISHO of HENDRICKS MICHELLE LEE EMBERSON of HENDRICKS Co	1 22 02
TRACEY DEWAYNE PERISHO of HENDRICKS MICHELLE LEE EMBERSON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 1-23-93
TRACEY DEWAYNE PERISHO of HENDRICKS MICHELLE LEE EMBERSON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ STEVAN W. RANSON	HENDRICKS County, Indiana, dated 1-23-93 MINISTER (official designation)
TRACEY DEWAYNE PERISHO of HENDRICKS MICHELLE LEE EMBERSON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 1-23-93 MINISTER (official designation)
TRACEY DEWAYNE PERISHO of HENDRICKS MICHELLE LEE EMBERSON of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ STEVAN W. RANSON	HENDRICKS County, Indiana, dated 1-23-93 MINISTER (official designation)

HEND	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated /-/9-93 Name of Physician Donald Johnson, M.D.
MALE APPLICANT	FEMALE APPLICANT
MALE APPLICANT	Name First Middle Last
Richard Shane Burnett	Cassandra Nicile Radgers
Date of Birth Month Day Year 7.3	Date of Birth Month 4 Day 16. Year 76
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
340/ & 350W Dravelle, In.	61/6. Narrison St. Marisalle,
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OF No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Dirth_Certificate Other (Specify)	Date of birth verified by: Birth Certificate
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full names of any dependent children.
	\sim \sim \sim \sim \sim \sim
6. (a) Full name of applicant's father Rechard Rugene Bursett	6. (a) Full name of applicant's father Jahnny Ray Radgee
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Patricia an Finches	(b) Full maiden name of applicant's mother Cecelia Laurice Ha
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Assaelle, Cr.	Residence of mother (if deceased, so state) Transcriber
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
l acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1-19-93	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Council Coun
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Nichard S. Burnutb	State of Indiana County of HENDRICKS Signed Cossourdes 1. Rood open and correct.
New Address Sobscribed and sworp to before me this 19th day of the 19th 19th 19th 19th 19th 19th 19th 19th	Subscribed and sworn to before me this 19th day of 19th 19 93
varietains Clerk of the HENDRICKS Circuit Court	Carrie Lawson Clerk of the HENDRICKS Circuit Court
CONSTANT OF PARENTS PARENT OR CHARDIAN	CONSENT OF PAPENTS PAPENT OF CHAPTIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Sacrature HENDRICKS Ss:	State of Indiana) HENDRICKS SS:
County of HENDRICAS) Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	RICHARD SHANE BURNETT
	I further certify that the following marriage certificate was filed in my office: (name), certify that onJANUARY 19, 1993
and CASSANDRA NICOLE RODGERS	(name) certify that on UANUARY 19, 1993
and CASSANDRA NICOLE RODGERS I, PAUL E. STERRETT	
and CASSANDRA NICOLE RODGERS I, PAUL E. STERRETT (date), at MOORESVILLE	_ inMORGAN County, Indiana,
andCASSANDRA NICOLE RODGERS I,PAUL E. STERRETT (date), atMOORESVILLE RICHARD SHANE BURNETT of HENDRICKS	inMORGAN
andCASSANDRA NICOLE RODGERS I,PAUL E. STERRETT (date), atMOORESVILLE RICHARD SHANE BURNETT of HENDRICKS SANDRA NICOLE RODGERS of MORGAN Co under a marriage license that was issued by the Clerk of the Circuit Court of	inMORGAN
andCASSANDRA NICOLE RODGERS I,PAUL E. STERRETT (date), atMOORESVILLE RICHARD SHANE BURNETT of HENDRICKS SANDRA NICOLE RODGERS of MORGAN Co under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ PAUL E. STERRETT	inMORGAN
andCASSANDRA NICOLE RODGERS I,PAUL E. STERRETT (date), atMOORESVILLE RICHARD SHANE BURNETT of HENDRICKS SANDRA NICOLE RODGERS of MORGAN Co under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ PAUL E. STERRETT	inMORGAN
andCASSANDRA NICOLE RODGERS I,PAUL E. STERRETT (date), atMOORESVILLE RICHARD SHANE BURNETT of HENDRICKS SANDRA NICOLE RODGERS of MORGAN Co under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ PAUL E. STERRETT Filed and recorded in accordance with the laws of the State of Indiana on	inMORGAN

	No/
HENL	ORICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 1-19-93 Name of Physician North Agricultural M.D.
MALE APPLICANT	FEMALE APPLICANT
Name / First / Middle / Last	Name First Middle Last
Date of Birth Month Day Year 72	Date of Birth Month / Day / Year 7 / gear 7
Place of Birth (State or foreign squartry)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address 4 Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been re 2. Are you related to the female applicant closer t'	"
3. Are you now under the influence of an alcoholi	No Ves 🗆
4. Are you now under the influence of a narcotic 5. List the full names of any dependent children	L. MINARD give my consent for Cassandia N. Rado and Shane Burneff, Name & Relationship
List the full names of any dependent children	- MINARIY).
to marry Rich	give my consent for Soonale 1
(If adopted, list adoptive parents only)	Name & Relationship
	doctonship docto
Birthplace of father (State or foreign ((enolis) P()
(If adopted, list adoptive parents on	Signature of Parent or Guardian
Residence of mother (if deceased, Birthplace of mother (State or fore) Subscribed to	Marlene Marie
before m	1-19-93 DATE MOTARY PUBLIC
mmune deficiency syndrome). Signature of Applicant **Luchas** CLERK** This is a second of the content of th	COUNTY COUNTY
The above applicant has objected to acknowledgment because of religious beli	DATE
Clerk of Court	Appendix to the second property and the second in the second seco
State of Indiana	A SAME OF THE PARTY OF THE PART
County of HENDRICKS	A STATE OF THE PARTY OF THE PAR
New Address 19th ()	
Supposcribed and sworn to before me this day of the HENDRICKS Circuit Court	Chaney.
CHOICE OF THE COURT	Carporal Annual
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. County	A marriage license having been refused to the above named parties, the Court, by written order issued
	izes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN	ISE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the C	Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-19-93, authorizing the marriage of _	RICHARD SHANE BURNETT I further certify that the following marriage certificate was filed in my office:
I, PAUL E. STERRETT	(name), certify that on JANUARY 19, 1993
(date), atMOORESVILLE RICHARD SHANE BURNETT of HENDRICKS	inMORGANCounty, Indiana,
SANDRA NICOLE RODGERS of MORGAN C	County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ PAUL E. STERRETT	of HENDRICKS County, Indiana, dated 1-19-93 JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-21-93 (date).
	Λ . \mathcal{L}
	Signed Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 1-7-93 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Stake Stake	Name Provious Marriage Ended By: Death Divorce Annulment Date 1993
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Wallactt Musrell Fucking (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Muspell Annual Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Applicant Date 1-22-23	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Muchaelle F. Mittell Date 1-22-9.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed HOURT M File in this application is true and correct. New Address Subscribed and sworn poefore me this 22 M day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Mulille 7. mittell New Address 5568 Blue fill Gin. Upt F. Subscribed and sworp to before me this 22 day of hendricks Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) 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 Sas: Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
andMICHELLE FAIE MITCHELL	erk of the Circuit Court of HENDRICKS County, Indiana, HOWARD MURRELL FIRKINS Light the certify that the following marriage certificate was filed in my office:
MICHELLE FAYE MITCHELL of HENDRICKS Con	(name), certify that on FEBRUARY 13, 1993 in HENDRICKS
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/5/ DR. ANDREW J. SIMKINS Filed and recorded in accordance with the laws of the State of Indiana on	MINISTER (official designation) 2-18-93 (date).
	Signed Connie Lawson Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No A Yes IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated TC. Oldham M.D Name of Physician _ circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death 🗌 Divorce Divorce Annulment Date Last Marriage Ended By: Last Marriage Ended By: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Bother (Specify) Dr. LIC No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 No 🗆 Yes 🔲 Yes 🗌 If answer is "yes," has the adjudication been removed? No D Yes 🗌 No D Yes 🗌 Are you related to the male applicant closer than second cousing No V Yes V Yes 🗌 No V Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? No Yes No D Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. I hamas Edward Ordway Residence of father (if deceased, so state) Delmar New Birthplace of father (State or foreign country) New York (b) Full maiden name of applicant's mother Mary Jane MCNutt Residence of mother (if deceased, so state) Delmar New York Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court Sar/affirm that the information given HENDRICKS in this application is true and correct. Signed X HENDRICKS HENDRICKS _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued __ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated $\frac{1-22-93}{}$, authorizing the marriage of $\frac{}{}$ THOMAS K. ORDWAY _ County, Indiana, and DONNA S. HENSON _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ___ JANUARY 30, 1993 I, JAMES H. SPICER __ (name), certify that on __ MARION (date), at INDIANAPOLIS
THOMAS K. ORDWAY County, Indiana, HENDRICKS County _ _(state), and HENDRICKS DONNA S. HENSON _ County __ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: __/S/ JAMES H. SPICER MINISTER _ (official designation) 2-17-93 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Name of Physician 1. Date M.D. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Date 1992 Last Marriage Ended By: Last Marriage Ended By: No D Are you now or have you ever been adjudged to be of unsound mind? Na Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 Yes 🗌 If answer is "ves." has the adjudication been removed? If answer is "yes," has the adjudication been removed? No 🗆 related to the male applicant closer than second cousin? No 🗌 Yes 🔲 No 🗆 Yes 🔲 Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No 🗆 Yes 🗌 No 🗌 Yes 🗌 No 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? No 🗌 Yes 🔲 List the full names of any dependent children. ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given Bohn Signed Marcia L. Kicks ABNER CREE Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 1-22-93 _ , authorizing the marriage of __LARRY PAUL BOLIN _ . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on _____ JANUARY 22, 1993
in ____ HENDRICKS _____ County, Indiana and MARCIA LOUISE HICKS I, <u>CYNTHIA J. SPENCE</u> (date), at <u>DANVILLE</u> (date), at DANVILLE LARRY PAUL BOLIN _ County, Indiana,_ MORGAN

County _

1-22-93

County_

IN

HENDRICKS

1ST DEPUTY CLERK (official designation)

HENDRICKS

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

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

_(state), and _

___ (state) were married by me as authorized County, Indiana, dated 1-22-93

Clerk Circuit Court

MARCIA LOUISE HICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. _____2/

HENDE -	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 7 - 25-93 If No, Medical Examination of Report Dated 7-25-93 Name of Physician 7 - Andley, 19. D.
MALE APPLICANT	FEMALE APPLICANT
Name Camera Cambell Masters	Name Vi-First bil Lunn Rabingon
Date of Birth Month Day 25 Year 58	Date of Birth Month / O Buy 6 Year 6 /
Place of Birth (State or foreign country) Pampa Jellas)	Place of Birth (State or foreign country) Jacoma Washington
Residence Address Lakeside Or Apt B Plaintell	Residence Address & Street or R. R. City Apt & Flairfield
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date [99]	Last Marriage Ended By: Death Divorce Annulment Date 1983
Date of birth verified by: Birth Certificate Other (Specify) Dr. Rice	Date of birth verified by: Birth Certificate Dother (Specify) . Lie
Are you now or have you ever been adjudged to be of unsound mind? Note Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Note	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father pnes affred mosters	6. (a) Full name of applicant's father Jack Kric Christensen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Kathryn Kariese Willia	my(b) Full maiden name of applicant's mother Arna Mal Jahnen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Placefield On.
Residence of mother (if deceased, so state) And Charles, Carlos Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Applicant Applicant Date 1/25/93	Signature of Applicant Vicky Kobinson Date 1.25.93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
Old Control of Control	
State of Indiana) I swear/affirm that the information given Ss: In this application is true and correct In this application is true and correct	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct. Signed A Mark in this application is true and correct.	Signed Vickie Robinson in this application is true and correct.
New Address SAME	New Address Same
Subscribed and sworn to before me this 25 day of HENDRICKS Circuit Court	Subscribed and sworp to before me this 25 day of 19 93 Connice Javan Clerk of the HENDERCKS 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
- Indiana and the same and the	
State of Indiana) Countries HENDRICKS ss:	State of Indiana) Country of HENDRICKS Ss:
County of	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated1-25-93 , authorizing the marriage of andVICKIE LYNN ROBINSON	
I, MYRON BARNARD	(name), certify that onFEBRUARY 14, 1993
(date), at INDIANAPOLIS	_ inMARION County, Indiana,
	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-14-93
Signed by:/s/ MYRON BARNARD Filed and recorded in accordance with the laws of the State of Indiana on	JUDGE (official designation) 2-17-93 (date).
The state of the s	1
	Signed Connegacyson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 Yes IC 31-7-9-1. Furnishing false information upon applying for license. No EL A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dubelow Photobord IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT eath 🔲 Divorce 🔀 Divorce D Annulment Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🔲 Yes 🗌 Are you related to the female applicant closer than second cousin? No K No D Are you now under the influence of an alcoholic beverage? Yes 🗌 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. Full name of applicant's father William Clyde Richardson (a) Full name of applicant's father beorge Raymond Charles wood (b) Full maiden name of applicant's mother Minnie Marie Henling name of applicant's mother Martha Jeanne ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS in this application is true and correct. mich Tilden Br. B'burg CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS Subscribed and sworn to before me this day of COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ___ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, MARY ANN SMITH _ . I further certify that the following marriage certificate was filed in my office: REV. DENNIS L. DODSON FEBRUARY 14, 1993 (name), certify that on _ (date), at ___ BROWNSBURG HENDRICKS County, Indiana,_ NORBERT DALE CHARLESWOOD of MARION County __ IN _(state), and _ MARY ANN SMITH HENDRICKS (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. DENNIS L. DODSON County, Indiana, dated 1-25-93 MINISTER (official designation) 2-17-93 Filed and recorded in accordance with the laws of the State of Indiana on_

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File_

1-25-93 Date of Application

County

IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes If No. Medical Examination or Report Dated 1-22-93
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 1-22-75 Name of Physician Bouker M.D.
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Lget .	Name Pirst Ann Will a semple.
Date of Birth John 10 22 Year 4/	Date of Birth Month Day Year 53
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Vigo Country In.	Residence Address Street or R.R. City County State
Residence Address Notes or R.R. City County & State In.	1792 7 100 k smalle on.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1984	Last Marriage Ended By: Death Divorce Annulment Date
hate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Hower (Specify)
die of other residence of	
	1. Are you now or have you ever been adjudged to be of unsound mind?
. Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes If answer is "yes," has the adjudication been removed? No ✓ Yes	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ ✓ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
MA A A	0001. 1.
(a) Full name of applicant's father Kaules Wantel Drivsell	6. (a) Full name of applicant's father Church Stray Miles adoptive parents only
(If adopted, list adoptive parents only) Residence of father (if deceased, so state). Decease.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Olgensel
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother than the Watson	(b) Full maiden name of applicant's mother Margarel Fathryn
(If adopted, list adoptive parents only) Residence of mother (if deceased so state) Alexandra	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Rickland. In
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome). Jury M. Boresic Date 1-25-93	immune deficiency syndrome)
Signature of Applicant formy 1. Notesia Date 1-25-73	Signature of Applicant Spot and Wileyssa Date 1/25/93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS in this application is true and correct.
Signed Samis	New Address SAM T
New Address Subscribed and sworn to before me this 25th day of 1993	Subscribed and sworp to before me this 25th day of Jan 19 93
Conception Clerk of the HENDRICKS Circuit Court	Craul Jairen Clerk of the HENDERICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
Date of Indian	State of Indiana)
State of Indiana) ss: County of	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the C dated	lerk of the Circuit Court of HENDRICKS County, Indiana, JERRY WAYNE BOWSER
and ROSE ANN WILCZYNSKI	I further certify that the following marriage certificate was filed in my office: (name) certify that on JANUARY 25, 1993
CYNTHIA J. SPENCE	THE PROPERTY OF THE PARTY OF TH
(date), at DANVILLE JERRY WAYNE BOWSER of HENDRICKS	inHENDRICKS
TOOR AND LITE CRUNCKY	County IN (state), and ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court o	f HENDRICKS County, Indiana, dated 1-25-93
Signed by: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	1-25-93 (date).
	Signed Cornie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Date of Application Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Place of Birth (State or int 🔲 Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 1 Yes 🗌 No 🗆 Yes 🗌 If answer is "ves." has the adjudication been removed? Not Yes 🗌 No Yes you related to the female applicant closer than second co No Yes 🗌 No Yes 🗌 No Yes Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court I swear/affirm that the information given I swear/affirm that the information given State of Indiana Brownsburg Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County __ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 1-25-93 , authorizing the marriage of MARK ALLYN MCDC _ County, Indiana, authorizing the marriage of ___MARK ALLYN MCDONALD dated 1-25-93
JENNIFER JEANNINE LYON _ . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on _____ MARCH 20, 1993
_____ in ___ HENDRICKS _____ County, Indiana.____ and JENNIFER STEVES T. REEVES BROWNSBURG (date), at BROWNSBURG
MARK ALLYN MCDONALD County, Indiana,_ HENDRICKS IN County _(state), and JENNIFER JEANNINE LYON of HENDRICKS IN County_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _Signed by: ___/s/ STEVEN T. REEVES PASTOR (official designation) 3-23-93 Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1/-26-93 If No, Medical Examination or Report Dated 1/-26-93 Name of Physician 1/-26-93
MALE APPLICANT	FEMALE APPLICANT
Name andrew Wairle Biddle	Name Cernette Kence Brackman
Date of Birth Month Day 7 Year 7	Date of Birth Month 1 Day 17 Year 7/
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) New Castle, In.
Residence Address Street or R.R. Street or R.R. Street or R.R.	Residence Address 4 & 29 Raun Iron Way Plainfield In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate State (Specify) Direction of the Certificate State (Specify)
Are you now or have you ever been adjudged to be of unsound mind? Note Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes es
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Al. A. Richa Billo	Drald Indones Bee house
6. (a) Full name of applicant's father Tobel Wallet Market (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Thank June 10 (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Plunfield, .	Residence of father (if deceased, so state) Newgock, In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother trad ann Daniels
(b) Full maiden name of applicant's mother Corgania Magnetic (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother (1) (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Sunfield,	Residence of mother (if deceased, so state) Thursdeld
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome) Advan Drivato Riddlo 1/26/93	immune deficiency syndrome). Signature of Applicant Seanette Renee Brackman 1/26/93
Signature of Applicant Date 1/2011	Signature of Applicant Schroding
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
acknowledgment because of religious beliefs. Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: uin this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Marly Daul Sidale New Address Same	Signed Sanette R Brackman New Address 409 Magnolia Dr. Plainfield, IN 46168
Subscribed and sworn to before me this 26 4 day of 19 93	Subscribed and sworn to before me this 26 a day of
Cornie Kawson Clerk of the HENBRICKS Circuit Court	Connie Herran Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) ss:
County of ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Control of the dated 1-26-93 authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-26-93, authorizing the marriage of and JEANETTE RENEE BRACKMAN	I further certify that the following marriage certificate was filed in my office:
I, R. FRED RODKEY	(name), certify that on JANUARY 30, 1993
(date), atAVONANDREW DAIRLE BIDDLEofHENDRICKS	inHENDRICKS County, Indiana, County IN (state), and
JEANETTE RENEE BRACKMAN HENDRICKS	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ R. FRED R RODKEY	f HENDRICKS County, Indiana, dated 1-26-93 ASSOCIATE PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-2-93 (date).
	Carrie L
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes II If No, Medical Examination or Report Dated Name of Physician Do Black Samuella Med leate
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Clara Mae Jaylor
Date of Birth Mouth Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Place of Birth (State or foreign country) Residence Address Street or R.R. City , County State	Residence Address Street or R.B. City County State
191 N. Cross St Danville	191 N Gros Danville
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 8 1	Last Marriage Ended By: Death Divorce Annulment A Date 88 1
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes ✓	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No Yes Yes No Yes Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No X Yes No X Yes Yes No X Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes
5. List the full names of any dependent children. Statt W. Joy L.	5. List the full names of any dependent children. Linet C., Wendy M.
6. (a) Full name of applicant's father Homer Wm. Brown	6. (a) Full name of applicant's father Wm. Wesley Johnson
6. (a) Full name of applicant's father 1010 90 (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Trapts In
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother family Team Lorey	Birthplace of father (State or foreign country). (b) Full maiden name of applicant's mother Lara Belle Shields
(b) Full maiden name of applicant's mother Towla Pan Corey (If adopted, list adoptive parents only)	(It adopted list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Denville III
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant Signature of Applicant Across Date 1-26-43 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant Clara M.) a Company Date 1-26-9. The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
	State of Indiana) I swear/affirm that the information given
State of Indiana County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS I in this application is true and correct.
Signed X Laury W. Brown	Signed & Clara M. Jay 67
New Address Subscribed and swgrn to before me this day of, 19 9 3	Subscribed and sworn to before me this 20 day of 200, 1993
Conne Carre Clerk of the HENDRICK Circuit Court	Lenne Janson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENT, OR GUARDIAN	CONSENT OF PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
FatherID #	FatherID #
Mother ID # Subscribed and sworn to before me this day of , 19	Mother
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
BETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 1-26-93, authorizing the marriage of	LARRY W. BROWN
and CLARA M. TAYLOR	. I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE (date), at DANVILLE	in HENDRICKS County, Indiana,
THE PROPERTY OF THE PROPERTY O	
CLARA M. TAYLOR of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/S/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-12-93 (date).
	Carrie L.
	Signed Clerk Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File_

C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Y Yes I Yes I If No, Medical Examination or Report Dated 1-14-93 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame Michael Last Blast of the	Name First Middle . Last
ate of Birth Month Day & Year , —	Date of Birth Month, Day Year
lace of Birth (State or foreign country)	Place of Birth (State or foreign country)
Buch Grove In.	Prace of Birth (State or Toreign country)
esidence Address Street or R.R. City County State	Residence Address F Street or R.R. City County State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
ate of birth verified by: Birth Cartificate Other (Specify)	Date of birth verified by: Alirth Certificate Other (Specify)
10/4: 100.	
Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage?
List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Ves 1. List the full names of any dependent children.
	List the full names of any dependent children.
	4 1 1 1
(a) Full name of applicant's father Dichael Leracy Blank	C. (a) Full name of applicant's father Wayne Kussell Brunes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Assumoburg In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Taldalian Smith	(b) Full maiden name of applicant's mother Tololity Caral Sulli
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Townsburg, In
Simplified of Months (Galle of Months)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases	
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases
mune deficiency syndromely . // / / / / / / / /	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
gnature of Applicant Muchael 2 Bennett 1/2 pate 1-26-93	Signature of Applicant Nauva M. Burnes Date 1-26-93
	Date 1 ag 1
e above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
prk of Court Date	Clerk of Court Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information client
unty of HENDRICKS ss:	County of HENDRICKS SS:
Signed Wychael & Bennett Vr	Signed Naw M. Brunes Signed Naw M. Brunes
New Address Aame	New Address 30 Martin No Namille, IN 4
bscribed and sworn to before me this 26 day of the . 19 93	Subscribed and sworn to before me this alet day of 19 13
Clerk of the HENDRICKS Circuit Court	Cranic Lawson Clerk of the HENDRICKS Circuit Court
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
te facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana	Control of the second s
unty of HENDRICKS ss:	State of Indiana) Country of HENDRICKS ss:
her	County of
ther ID #	Father ID #
oscribed and sworn to before me thisday of	Mother ID # Subscribed and sworn to before me this day of, 19
Clerk	Clerk
INPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	F AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cle	
ted authorizing the marriage of 1	rk of the Circuit Court of HENDRICKS County, Indiana, MICHAEL LEROY BENNETT, JR.
d DAWN MARIE BRUNES	. I further certify that the following marriage certificate was filed in my office:
CAVADA 1. NEVERO	(name), certify that onFEBRUARY 27, 1993
nte), atBROWNSBURG	in HENDRICKS County, Indiana,
DALINI MADED DELLARO	County IN (state), and
	inty IN (state) were married by me as authorized
der a marriage license that were ! II I al CI I al CI I al CI	HENDRICKS County I 3-16-93
der a marriage license that was issued by the Clerk of the Circuit Court of and by:/S/ STEVEN T. REEVES	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT Name	FEMALE APPLICANT Name First Milde Milde Aust
Dary Lee Campbell	Juanita Trène Deck
Date of Birth Month Day 7 Your 46	Date of Birth Month 2 Day 21 Year 42
Place of Birth (State or foreign country) Lexinaton , Key .	Place of Birth (State or foreign country) Augumnic Ma.
Residence Address Street or R.R. Street Or R.R. State On State	Residence Address Street or R.R. Sity Sunty States
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1987	Last Marriage Ended By: Death Divorce Annulment Date 1991
V A O	Date of birth verified by: Birth Certificate Mother (Specify)
Date of birth verified by: Birth Certificate Cyper (Specify) On Tic.	Date of birth verified by: Dorrh Certificate Conner (specify) N.A.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 now or have you ever been adjudged to be of unsound mind? No Yes
Are you related to the female applicant closer than second cousin? Not Yes	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ / Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
~ 10 11 0	L P. O.
6. (a) Full name of applicant's father Draid Fronklin Campbel	
(If adopted, list adoptive parents only). Residence of father (if deceased, so state). Aberdeen Oh.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Wengate In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother / Yellen Tolabule Crang	(b) Full maiden name of applicant's mother with the State Hall
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Olched	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Wingate In.
Birthplace of mother (State or foreign country) 704.	Birthplace of mother (State or foreign country) Uniting
ACCUSANCE ENGAGENT	ANALON STATES
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Apolicant Date 01-28-87	immune deficiency syndrome).
Signature of Applicant Date 01-28-11	Signature of Applicant Julian Sunt Asset Date 1 28
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swearingfirm that the information given in this agrification is area and correct.	State of Indiana 1 swear/affirm that the information given State of Indiana 1 swear/affirm that the information given State of Indiana 1 swear/affirm that the information given
Signed Hory See Capture and correct.	County of HENDRICKS in this application is true and correct. Signed Manufa Sene Lock
New Address Same	New Address / 8 Westerier Re Renuelle
Subscribed and sworn to before me this 28th day of 19 93 Child Lawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn is before me this 28 day of 1993 Charic Lacram Clerk of the HENDRICKS Circuit Court
Circuit Court	Clerk of the Court Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
The state of the s	sale lade which make the consent of the other parent dimecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) State of Indiana) State of Indiana) State of Indiana)
County of HENDRICAS) Father ID #	County of HENDRICAS) Father ID #
MotherID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana, GARY LEE CAMPBELL
dured, duriorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, REV. HOWARD D. ALLEN	(name), certify that on MARCH 6, 1993
(date), at DANVILLE GARY LEE CAMPBELL of HENDRICKS	_ in HENDRICKS County, Indiana,
THANTES TRENE DECK	County IN (state), and punty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-28-93
Signed by: /s/ REV. HOWARD D. ALLEN	, ELDER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	3-8-93 (date).
	Signed Connie Lawson Clerk
	HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No. 29
HEND	ORICKS County File
	7-28-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No □ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under	Name of Physician Dr. Edwards
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Donald & Barker	Linda J. Barker
Date of Birth Month Day Year O	Date of Birth Month Day Year 75
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) TNdiaNa
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages 2	Previous Marital Status: Never Married OR No. of Previous Marriages
	-
Last Marriage Ended By: Death Divorce Manulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Pother (Specify)	Date of birth verified by: Birth Certificate Pother (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No 🗹 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin? No ☑ Yes ☐ Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes □
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father James Truman Barke	6. (a) Full name of applicant's father James Jacob Bailey
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Costa west Virginia	Residence of father (if deceased, so state) Alabama
Birthplace of father (State or foreign country) west Virginia (b) Full maiden name of applicant's mother dolder Beating Kinder	Birthplace of father (State or foreign country) TNdiana
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Luby Tune Proger (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) West Virginia	Residence of mother (if deceased, so state) Plabama
Birthplace of mother (State or foreign country) West Yinginia	Birthplace of mother (State or foreign country) Tudiana
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above	I acknowledge that I have received information regarding dangerous communicable diseases 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 hyperth as affirmation or elegative to the charge applicant by applicant b
acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Charles New Address Subscribed and sworn to before me this 28 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Bourfest In this application is true and correct. New Address Subscribed and sworn to before me this 28th day of 20th 19 93 Corruin Sauthor Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID # Subscribed and sworn to before me this day of 19	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
· · · · · · · · · · · · · · · · · · ·	
	Court, by written order issued
, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle dated $\frac{1-28-93}{}$, authorizing the marriage of $\frac{D}{}$	erk of the Circuit Court of HENDRICKS County Indiana
and LINDA J. BARKER	I further certify that the following marriage certificate was filed in my office:
I, PAULETTE FRYE (date), at DANVILLE	(name), certify that on JANUARY 29, 1993
DONALD G. BARKER of HENDRICKS	_ inHENDRICKS County, Indiana, County IN (state), and
TINDA T DARVER	unty IN (state), and

of_

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ PAULETTA FRYE

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

(state) were married by me as authorized unty, Indiana, dated 1-29-93

TOWN HALL

_Clerk Circuit Court

County_

Signed .

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HFNI	DRICKS County File
HEIVE THE PARTY OF	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Hence QQ
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	
Stewart L Day Year	Name Offi A Middle CALi Far Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City State IN Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Box 193 P. HSboro New IN
Last Marriage Ended By: Death Divorce Annulment Date 82	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify) License	Date of birth verified by: Birth Certificate Rother (Specify) License
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No 🗷 Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No ✓ Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🖬 Yes
List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Mack Hackett	6. (a) Full name of applicant's father ANDY Califer Jr.
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Audy Califer 3r. (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Towq	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) Joua	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Kaye Kunzman (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Linda Sue Baldwin (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) 1044	Birthplace of mother (State or foreign country) IN
l acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a liet of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome) Signature of Applicant Date 1-78-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the at acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information of
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and cor
New Address	New Address
Subscribed and sworn to before me this 28 day of Jah , 19 93 CONNE ROUNDONCIER of the HENDRICKS Circuit Court	Subscribed and sworn to before me this ABA day of Jan 19 93 Clerk of the HENDRICKS Circuit C
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent si state facts which make the consent of the other parent unnecessary
State of Indiana) SS:	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID # Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t
	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indian
and LORRI A. CALIFAR	. I further certify that the following marriage certificate was filed in my office
I, DAVID BERTHOLD	(name), certify that on FEBRUARY 20, 1993
(date), atINDIANAPOLIS STEWART L. HACKETTofHENDRICKS	in MARION County, Indiana, IN (state) and
LORRI A. CALIFAR of HENDRICKS Con	unty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 1-28-93
Signed by:/S/_DAVID_BERTHOLD Filed and recorded in accordance with the laws of the State of Indiana on	

Clerk Circuit Court

(date).

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician David Halls IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Place of Birth (State or foreign coun Bex 391 Never Married OR No. of Previous Marriages Death Divorce Last Marriage Ended By: Last Marriage Ended By: Divorce Annulment Death Date of birth verified by: Birth Certificate QOther (Specify) Dr. Liu Date of birth verified by: Birth Certificate Other (Specify) No D Yes 🔲 No Yes Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? If answer is "yes," has the adjudication been removed? No X Yes 🔲 No Yes 🗌 Are you related to the male applicant closer than second cousing No Yes Are you now under the influence of an alcoholic beverage? Notal Yes 🔲 Are you now under the influence of an alcoholic beverage? No D Yes 🔲 No D Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. New Jersen Bonnie Kay Fresh Fruchtnicht Residence of mother (if deceased, so state) Clayton Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)___ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Date _ HENDRICKS HENDRICKS _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs ate facts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 1-29-93, authorizing the marriage of JEREMY P. HUNSICKER MICHELLE C. DEVENNEY ___. I further certify that the following marriage certificate was filed in my office: JANUARY 29, 1993 I. CYNTHIA J. SPENCE in HENDRICKS DANVILLE _ County, Indiana,_ JEREMY P. HUNSICKER HENDRICKS _ County ___ _(state), and _ MICHELLE C. DEVENNEY of ___ County ___ HENDRICKS (state) were married by me as authorized HENDRICKS County, Indiana, dated ___1-29-93 under a marriage license that was issued by the Clerk of the Circuit Court of _ 1ST DEPUTY CLERK (official designation) Signed by: /s/ CYNTHIA J. SPENCE 1-29-93 Filed and recorded in accordance with the laws of the State of Indiana on_

Circuit Court

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

HEND	No. 32
	County File \(\frac{1-29-93}{Date of Application} \)
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No No Yes I If No, Medical Examination or Report Dated Name of Physician Annual Park I I I I I I I I I I I I I I I I I I I
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Spurlock Date of Birth Month Pay 7 70ar	Name Jennifer Middle Last Date of Birth Month Day Year 3
Place of Birth (State or foreign country) Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) Residence Address Street or R.R. City County State
Same	4721 N. 9/10 39 Danville
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married DOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate QOther (Specify) Dr. Cic.	Date of birth verified by: Birth Certificate (A)Other (Specify) St. J. D. Yand
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father David H. Mundt (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 Rethank, Quick (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 Charles R. Spunlockoate	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the abov acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Charles Parallel In this application is true and correct. New Address Subscribed and sworn to before me this 29 day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS I swear/affirm that the information gives in this application is true and correct and
CONSENT OF PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerh
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated 1-29-93 authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana.
andJENNIFER D. MUNDT I,CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on
(date), atDANVILLE CHARLES R. SPURLOCKof HENDRICKS	_ inHENDRICKS County, Indiana,
JENNIFER D. MUNDT of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County, Indiana, dated 1-29-93 , 1ST DEPUTY CLERK (official designation) 1-29-93 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

33

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Version 1-26-93 If No, Medical Examination or Report Dated 1-26-93 Name of Physician 1-26-93 Name of Physician 1-26-93
MALE APPLICANT	FEMALE APPLICANT
	Name Date of Birth Date of Birth Date of Birth Date Da
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 lest sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 1/29/92	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 Cana M. Kadorly Date 1/29/93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed State New Address State Subscribed and sworn to before me this 29 day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed AMA M. Kaderby New Address Supscribed and sworn to before me this 29 day of HENDRICKS Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) County of
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
I, CYNTHIA J. SPENCE (date), at DANVILLE	rk of the Circuit Court of
JOSEPH DELBERT SMITH JR. of HENDRICKS DANA MICHELLE KADERLY of HENDRICKS Cou under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Cornie Laws Circuit Court

File _

County

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE ARRIVANT	FEMALE APPLICANT
MALE APPLICANT	Name First 1 , Middle 1 1 Last
Sonald Lee Innan	Knille Katherine Inmas
Date of Birth Month 2 Day 19 Year 3.3	Date of Birth Month 3 Pay Year 34
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Adgless Street of R.R. Sity Cognity / State	Residence Address Street or R.R. City County Style
TER Duf 113 Tittebaro,	4325 1) 1000 E Brainsburg Fr
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1986	Last Marriage Ended By: Death Divorce Annulment Date 1986
Date of birth verified by: Birth Certificate Other (Specify) Dr. Rec	Date of birth verified by: Birth Certificate Other (Specify) & Le.
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
Are you now or have you ever been adjudged to be of unsound mind? No	If answer is "yes," has the adjudication been removed?
. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No√ Yes ☐	4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
List the full names of any dependent children.	List the full names of any dependent children.
The second secon	1 . 1 . 1 . 1 . 1 . 1
(a) Full name of applicant's father Wayne June	6. (a) Full name of applicant's father Lenel Adward Stell
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) While Armen, Sick	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother prepared in the control of the con
(b) Full maiden name of applicant's mother Company (if adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country).
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndromes) and I see	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The deficiency syndrome and the communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct
Signed Dans On One	Signed Zmile 12 x 18 B. Haler-
Superribed and sworry/10 before me this day of 3-60, 19 93	New Address Subscribed and sworn to before me this day of ### day of #### day of ###################################
rnie fairs Clerk of the HENDRICKS Circuit Court	Connie Jawan Clerk of the HENDRICKS Circuit Cour
COURTE OF PAPERITO PAPERIT OF CHARGINA	CONSENT OF PARENTS, PARENT, OR GUARDIAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) Ss:
County of	Father
MotherID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the C	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-1-93 EMILIE KATHEDINE INMAN, authorizing the marriage of _	DONALD LEE INMAN
and EMILIE KATHERINE INMAN RAYMOND H. DUFF	I further certify that the following marriage certificate was filed in my office (name), certify that onFEBRUARY 13, 1993
(date), at MAPLEWOOD HENDRICKS	in HENDRICKS County, Indiana,
DONALD LEE INMAN of HENDRICKS	County IN (state), and
THE THE VARIEDING THANKS	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 2-1-93
Signed by: /s/ RAYMOND H. DUFF	- 'c - 22 02
Filed and recorded in accordance with the laws of the State of Indiana on_	2-23-93 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	Circuit Con

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Office + Cumming Sentry II	Name Hista Maddle Malicoat
Date of Birth Month Day Year	Date of Right Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.P., City / County State	Residence Address Street or R.R. City Country State
110 Dorda Ct., Brownbarg, Herdeicks million	110 Gordon et Brownsturg, Alvariter, Judia
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1993
Date of birth verified by: Birth Certificate Other (Specify) Driver Ricense	Date of birth verified by: Birth Certificate Other (Specify) Druins & License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired improved deficiency and states)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)
Signature of Applicant Completed to unifying hyperthese policals has objected to unifying hyperthese policals has objected to unifying hyperthese policals has objected to unifying hyperthese or investigate and investigate the solution of the complete of	Signature of Applicant Mora Jane Barton Date 2293
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Section 1 Se	State of Indiana County of HENDRICKS SS: In this application is true and correct in this application is true and correct Signed A North Game Age to Malload Subscribed and sworn to before me this 2 day of Fibrually, 19 93 Counted Parasan Clerk of the HENDRICKS Circuit Counter
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID #	State of Indiana) County of HENDRICKS ss:
Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	E AND MARRIAGE OFFICE ATT
I certify that there was filed in my office a marriage license issued by the Cle	E AND MARRIAGE CERTIFICATE
dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, ALBERT CUMMINS GENTRY II
and NORA JANE MALICOAT	I further certify that the following marriage certificate was filed in my office:
I, NORMA CARNES	(name), certify that on FEBRUARY 14, 1993
ALDEDE CURATUS COMMENT	_ inWAYNE County, Indiana, CountyIN(state), and
NORA JANE MALICOAT of HENDRICKS Con	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-14-93
Signed by: /s/ NORMA CARNES	, CITY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	n
	Signed Orne Oawson Clerk HENDRICKS Circuit Court

Circuit Court

36

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Date of Application Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT 68 Annulment Death Divorce Birth Certificate Other (Specify) No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No / Yes No 🗆 Yes 🗌 If answer is "ves." has the adjudication been removed? Not Yes 🔲 No PO / Yes 🗌 No 🗸 Yes 🔲 No D /Yes 🗆 Nov No Yes Are you now under the influence of a narcotic drug? **ACKNOWLEDGMENT** acknowledge that I have received information regarding dangerous communicable diseases information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of __ County, Indiana, _ , authorizing the marriage of ____ DANIEL WAYNE TALLENT dated _____2-2-93 _ . I further certify that the following marriage certificate was filed in my office: and JENNIFER JO HUGHES (name), certify that on ___ FEBRUARY 20, 1993 I, KEVIN R. KOTTKE (date), at PLAINFIELD
DANIEL WAYNE TALLENT HENDRICKS _ County, Indiana,_ _ County ____ IN MARION _(state), and _ (state) were married by me as authorized JENNIFER JO HUGHES HENDRICKS County_ County, Indiana, dated 2-2-93 under a marriage license that was issued by the Clerk of the Circuit Court of . PASTOR Signed by: /s/ KEVIN R. KOTTKE (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_

SHANNON MARIE THACKER of_

Signed by: /s/ REV. RANDY WARDWELL SR.

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D If No, Medical Examination or Report A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death No Yes 🔲 No Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Yes 🗆 If answer is "yes," has the adjudication been removed? No . No 🗆 Yes 🗌 you related to the female applicant closer than second co No 🗹 Yes 🗌 No Yes 🗌 / Yes 🗆 Nov Yes 🔲 now under the influence of an alcoholic beverage? No D No∙Q Yes □ Are you now under the influence of a narcotic drug? Yes 🔲 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Clerk of Court **New Address** Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County ___ _ Court, by written order issued _ and filed in_ ___, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-2-93, authorizing the marriage of SHANE DUANE PIERCE HENDRICKS County, Indiana, _ . I further certify that the following marriage certificate was filed in my office:
_ (name), certify that on _ FEBRUARY 14, 1993 SHANNON MARIE THACKER in HENDRICKS RANDY WARDWELL SR. (date), at DANVILLE County, Indiana,_ SHANE DUANE PIERCE HENDRICKS _ County ___ _(state), and _

MARION County_

HENDRICKS

PASTOR

___ (state) were married by me as authorized ______County, Indiana, dated ______2-14-93

____ Clerk _Circuit Court

(official designation)

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No/ If No, Medical Examination or Report Dated Name of Physician Dr. House A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** towers maiana Never Married OR No. of Previous Marriages OR No. of Previous Marriag Last Marriage Ended By: Divorce Annulment Death Last Marriage Ended By: Divorce -Annulment Mother (Specify) Drivers Dother (Specify) Drivers yeerse Date of birth verified by: Birth Certificate Date of birth verified by: Birth Certificate License No PYes 🗆 Yes 🔲 No C Yes Yes 🔲 No Yes 🗆 Are you related to the female applicant closer than second cousin? Yes 🔲 No Yes Are you now under the influence of an alcoholic beverage? Yes 🔲 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? Yes 🔲 List the full names of any dependent children. (a) Full name of applicant's father Donald Wayne Alspaugh Full name of applicant's father James Ellsworth Powers Residence of father (if deceased, so state) deceased Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Le noute made Full maiden name of applicant's mother Margie Low Russell Birthplace of mother (State or foreign country). Birthplace of mother (State or foreign country) Kentucky **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given HENDRICKS X signed Iracy alsp Subscribed and sworr to before me this T pubsor clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

_ County _

County _

2-23-93

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

(date).

County, Indiana,

_(state), and

County, Indiana, dated 2-3-93

(state) were married by me as authorized

Clerk Circuit Court

(name), certify that on _ HENDRICKS

IN

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-3-93

authorizing the marriage of TRACY ROE ALSPAUGH

HENDRICKS

HENDRICKS

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

Signed by: __/5/ LORI A. SPENCE

HENDRICKS __County, Indiana, dated __

JUDGE PRO-TEMPORE (official designation)

DELINDA MARCELL POWERS

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

I, LORI A. SPENCE

AVON (date), at AVON
TRACY ROE ALSPAUGH

DELINDA MARCELL POWERS

Clerk of Court _

State of Indiana

onnu

and filed in_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Plfd Madical IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Place of Birth (State or foreign country) Never Married OR No. of Previous Marriages Previous Marital Status: Last Marriage Ended By: Death Annulment Date of birth verified by: Birth Certificate Sother (Specify) No 🛛 Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 Yes 🗌 No 🗌 Yes 🔲 No 🛛 Yes 🗌 No A Yes 🗌 No D Yes 🗌 No 🔯 Yes 🗌 No DE Yes 🔲 No D Yes 🔲 Mooresville IN Residence of mother (if deceased, so state)____ Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country). **ACKNOWLEDGMENT** ACKNOWLEDGMENT wledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana **New Address** Feb. 19 93 day of 1 eb. HENDRICKS Circuit Court _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

County _

HENDRICKS

IN

HENDRICKS

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

. County, Indiana,

(state), and

County, Indiana, dated 2-3-93

(state) were married by me as authorized

Circuit Court

(name), certify that on ___FEBRUARY 3, 1993

1ST DEPUTY CLERK (official designation)

(date).

, authorizing the marriage of BRIAN ALAN STANLEY

___ County_

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of

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

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

HENDRICKS

HENDRICKS

2-3-93

I, CYNTHIA J. SPENCE

(date), at ____DANVILLE

BRIAN ALAN STANLEY

AMBER LYNNE RIDENER

and AMBER LYNNE RIDENER

Signed by: /s/ CYNTHIA J. SPENCE

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗆 Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ aldham IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Neff Hend Northern Never Married Never Married OR No. of Previous Marriages Death Annulment Date 9D Divorce 🔀 Last Marriage Ended By: Last Marriage Ended By Death Divorce 🙀 Annulment Birth Certificate Other (Specify) Birth Certificate Other (Specify) cense No D Yes 🔲 No Yes No 🗆 Yes 🗌 No Yes 🗌 Yes 🔲 No Yes No D Yes 🔲 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs Clerk of Court Clerk of Court Carrie Jawan Clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant, hereby give consent for this marriage. HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ ____, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-4-93 authorizing the marriage of ROBERT GENE HAAK _, authorizing the marriage of __ KAREN SUE NEFF . I further certify that the following marriage certificate was filed in my office:

(name) certify that on FEBRUARY 13, 1993 and KAREN SUE NEFF
REV. JOHN L. CROSE ___ (name), certify that on ___ (date), at PLAINFIELD in HENDRICKS _ County, Indiana,_ ROBERT G. HAAK of____HENDRICKS____County____IN __(state), and _

KAREN SUE NEFF of HENDRICKS County IN
under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS

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

2-17-93

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County No X Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician ______ IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) No 1 No Yes Are you now or have you ever been adjudged to be of uns Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🔲 No Yes If answer is "ves." has the adjudication been removed? No Yes Are you related to the female applicant closer than second co Yes 🔲 No Yes Are you now under the influence of an alcoholic beverage? No Yes Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS , 19 93 HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County ___ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-4-93 CHRISTOPHER ALAN HOWE dated 2-4-93
and DRU ANN SMITH _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on _____ FEBRUARY 6, 1993
in _____ HENDRICKS _____ County, Indiana, _____ DON C. TRUEX PLAINFIELD (date), at PLAINFIELD CHRISTOPHER ALAN HOWE County, Indiana,_ HENDRICKS IN County _ _(state), and _ HENDRICKS County_ IN DRU ANN SMITH HENDRICKS

MINISTER

(official designation)

Circuit Court

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

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

Signed by: /s/ DON C. TRUEX

Health under Authority of IC 31-7-3	FOR MARRIAGE LICENSE
	HENDRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for lic A person who knowingly furnishes false information to a clerk circuit court when the person applies for a marriage license IC 31-7-3 commits a Class D felony.	of the If No, Medical Examination or Report Dated 1-27-75
MALE APPLICANT	FEMALE APPLICANT
Name First / Middle / Kast / 1	Name Prirst / Middle / Last /
Date of Birth Month / Day Year -	Date of Birth Month, Day Year,
Place of Birth (State or foreign country) Residence Address Residence Address Street or R.R. City City County Space Previous Marital Status: Never Married COR No. of Previous Marriages	Place of Birth (State or foreign country) Residence Address Street or R.P. City County Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date / 988
Date of birth verified by: Birth Certificate Other (Specify) S. Luc.	Date of birth verified by: Birth Certificate Other (Specify) In Lic.
	Yes 1. Are you now or have you ever been adjudged to be of unsound mind? Yes Yes If answer is "yes," has the adjudication been removed? No Yes Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes 4. Are you now under the influence of a narcotic drug? Yes Yes 5. List the full names of any dependent children.
n 10	4 9 0 1 10 1
6. (a) Full name of applicant's father Marian Clare Fulls (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 Marcia Kathnyn (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Judiana (6. (a) Full name of applicant's father Searge Galler Control (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 Many Barrains Ught (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable that are sexually transmitted, and a list of the test sites for the virus that causes AIDS immune deficiency syndrome). Signature of Applicant Date	이 얼마를 보고 그리고 있다면 아이들은 아이들이 되었다면 하는데 얼마를 하는데
The above applicant has objected to verifying by oath or affirmation or signature to the acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed HANDRICKS New Address 2164 Stone how Dr. DN 3p/s. Subscribed and sworm to before me this 54 day of 316 1993 Clerk of the HENDRICKS Circ	HENDRICKS SS:
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one pare state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of , 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COMPLETE ISSUED BY ORDER ORD	COURT. A marriage license having been refused to the above named parties, the
	Court, by written order issued, authorizes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE I certify that there was filed in my office a marriage license issued to	E LICENSE AND MARRIAGE CERTIFICATE by the Clerk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-5-93, authorizing the married	age of H. ADAM HOLSTON
ROBERT F. GAMMON	. I further certify that the following marriage certificate was filed in my office: (name), certify that onFEBRUARY 27, 1993
(date), at CARMEL H. ADAM HOLSTON of HENDRICKS	in HAMILTON County, Indiana, County IN (state), and
LEAH CONLEY of MARION	County IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Signed by: /s/ R. F. GAMMON Filed and recorded in accordance with the laws of the State of India	JUDGE (official designation)

_ Clerk Circuit Court

_ (date).

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<u>HENL</u>	DRICKS County File
	February 5, 1993 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 2-3-93 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last Carrels	Name First Middle Last Royald
Date of Birth Month Day Year 1952	Date of Birth Month Day Year 105-9
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
3601	Last Marriage Ended By: Death Divorce Annulment Date 10-6-92
Date of birth verified by: Firth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Deffer (Specify)
	- S. 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	1. Are you now or have you ever been adjudged to be of unsound mind?
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Law 4. A. 101	Bett 1
6. (a) Full name of applicant's father Larry Gene Warrells (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Phil Russell Navis Sr.
Residence of father (if deceased, so state) Warwill. In	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Section 1991
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) Inliance
(b) Full maiden name of applicant's mother All May May Naphen (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Gutta Joan Stinner
Residence of mother (if deceased, so state) Assuits In	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Antible
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country) Realthcky
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 syndromet. Signature of Applicant Date 2-5-93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana)	
State of Indiana County of HENDRICKS Signed HENDRICKS New Address HO. BOX 339 CLAYTON IN 44118 Subscribed and sworn to before me this 59 day of HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed And Box 339 Clayfor In It was and correct. New Address Do Box 339 Clayfor In It was and correct. Subscribed and sworn to before me this 57 day of Leaf 19 93 Connic Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSTANT OF PURPLY PURPLY OF PURPLY
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana)
County of HENDRICKS SS: Father ID #	County of HENDRICKS ss:
Mother ID #	Father ID # Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle dated2-5-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, LARRY MICHAEL DANIELS
and LINDA A. BOYD	. I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on FEBRUARY 11, 1993
(date), atDANVILLE LARRY M. DANIELS of HENDRICKS	_ in _ HENDRICKS County, Indiana,
TINDA A DOUD	county(state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County Indiana dated 2-11-93
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 Jawson Clerk
BOYCE FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No 🌣 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated Name of Physician circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Annulment Death Divorce Date Last Marriage Ended By: Death Date of birth verified by: Birth Certificate Other (Specify) No No 🖾 Yes 🔲 Yes 🗌 No 🗆 No 0/ Yes 🗌 Yes 🗌 No D Yes 🗌 No Yes Yes 🔲 Yes 🗌 No d No 🗹 Yes 🔲 Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court HENDRICKS HENDRICKS HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued_ , authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-5-93

authorizing the marriage of DALE HARLAN KENWORTHY HENDRICKS __ County, Indiana, , authorizing the marriage of _ _ . I further certify that the following marriage certificate was filed in my office:

_ (name), certify that on _ FEBRUARY 27, 1993
_ in _ HAMILTON _ County, Indiana, VICTORIA ANNE MACDONALD I, JAMES H. DODSON, III (date), at ___FISHERS DALE HARLAN KENWORTHY of HENDRICKS _ County __ IN _(state), and _ VICTORIA ANNE MACDONALD of MARION (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ JAMES H. DODSON, III HENDRICKS County, Indiana, dated 2-5-93 PASTOR (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

45

HENL	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Levi	Name First Middle Last
Date of Birth Day Vanvolvenburgh Day Year Y	Date of Birth Day Place of Birth (State or foreign country) Residence Address LYDCO High Eagle Tr 910 Indes In 4623
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Drivers Ucense	Date of birth verified by: Birth Certificate Sother (Specify) Druers Ucers
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ira Wayne Vanvolkenburg	Ti-Onla Coomth
6. (a) Full name of applicant's father 17 W Way 12 VW NOTHER Durg (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Tim Dale Carrett (If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country) KQ (b) Full maiden name of applicant's mother unice more Bouchey	Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Connel V
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother CONNE GE CONNE! (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) TN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Th
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrometry). Law	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 2/5/93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Ss: I swear/affirm that the information given in this application is true and correct. Hendricks Signed Louy Louber Louf New Address Subscribed and sworn to before me this 5th day of HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Signed Signed Or. Indiana in this application is true and correct. New Address 1712 E. Hambler Or. Indiana Subscribed and sworn to before me this Sth day of Feb., 19 93 Connice Saussen Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN fe, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana) ounty of HENDRICKS ss:	State of Indiana) ss:
tother ID #	Father ID # Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cle ated2-5-93, authorizing the marriage of	ork of the Circuit Court of HENDRICKS County, Indiana,
nd, authorizing the marriage of GLENN W. McDONALD	I further certify that the following marriage certificate was filed in my office:
date), atZIONSVILLE	(name), certify that on APRIL 3, 1993 _ in BOONE County, Indiana,
	County IN (state), and
nder a marriage license that was issued by the Clerk of the Circuit Court of	IN (state) were married by me as authorized HENDRICKS County Indiana dated 2-5-93
Figned by:/S/ GLENN W. McDONALD William and recorded in accordance with the laws of the State of Indiana on	

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	No. 46 RICKS County File
	County File 2-5-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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 Prist A Middle A Aast	Name / Fist / Middle / Last
Date of Birth Month of Cay Year J.	Date of Birth Day Beachman
Date of Birth Owy 30 Year 34	Month 4 23 New 33
Place of Birth (State or foreign country) Sullivan In	Place of Birth (State or foreign country)
Registance Address 2 4 Street or R.R. City . Cognity State	Residence address Street of P. R. Washington Let 24 Inc
Previous Marital Status: Never Married OR No. of Previous Marriages	
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date / 992	Last Marriage Ended By: Death Divorce Annulment Date 1982
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? NoV Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes es	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes	Are you now under the influence of an alcoholic beverage? Note: Yes: Are you now under the influence of a narcotic drug? Note: Yes: Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Ray Edward Jaque S	6 (a) Full name of applicant's father Dewey Donald Calem
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Diceased
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Action (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother and they have Cords
Residence of mother (if deceased, so state) Office	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state). Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Indiana
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virite that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 7 4-9 3	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant — Flo Cr Backhaman Date 2-5-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application/is true and correct. Signed Lor County of The	County of HENDRICKS in this application is true and correct. Signed 7 lo C. B. Lock war
New Address ERAFW Washington JAT24	New Address Second
Subscribed and sworn to before me this 5th day of Feb., 19 93	Styloscribed and sworn to thefore me this 5 4 day of Jeb. 19 93
Clerk of the HENDRICKS Circuit Court	CHARLES AWS Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) ss:
Father10 #	Father ID #
Mother	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed in authorize	Court, by written order issued
and med m, authorize	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County, Indiana,
dated2-5-93, authorizing the marriage of andFLO_CAROL_BEACHMAN	
I, REV. THOMAS E. SMSITH	I further certify that the following marriage certificate was filed in my office: (name), certify that onFEBRUARY 7, 1993
(date), atSTILESVILLE	in HENDRICKS County, Indiana,
ELO CADOL DESCUMANT	County IN (state), and
FLO CAROL BEACHMAN of HENDRICKS Cou. under a marriage license that was issued by the Clerk of the Circuit Court of	the management of the second o
Signed by: /s/ REV. THOMAS E. SMITH	
Filed and recorded in accordance with the laws of the State of Indiana on 2	
	1. 1
S	igned <u>Clerk</u> Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Form Prescribed By

STATE OF INDIANA

HENDRICKS County File 5.3-3 Core I Aspessor For all Aspessor Co 3.7-0-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the count count when the person applies for a marriage iconese under Co 12-70 commits a Cababa D Mayor MALE APPLICANT MALE APPLICANT FEMALE APPLICANT	Health under Authority of IC 31-7-3	MARRIAGE LICENSE
C 37-7-3 - Eurishing late information upon applying for license. A person who knowledy furnishes false information to a clert of the C 37-7-3 commits a Class D biology. MALE APPLICANT MAL	HENL	
A person who knowingly furnishes false information to a clerk of the CR 31-73 commits a Class D felory. MALE APPLICANT THE M		
The action of the property of the action of the property of the action o	A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated 2-3-93
The service of the contract of	MALE APPLICANT	FEMALE APPLICANT
An para one these year toon subjected to the advanced mind? Any para one of the para one of the para one of the para of the p	Name Street Street or R.R. City County Strate Street or R.R. County County Strate Street	Place of Birth (State or foreign country) Previous Marital Status: Never Married DOR No. of Previous Marriages
# Assert in a "yet" has the additionation term removed As yet you have applicated to this record council As yet you have applicated the thread of an exceptio beauting? As yet you can write the influence of an exceptio beauting? As yet you can write the influence of an exceptio beauting? By the same of applicant failure. Let the haf name of any deposited children. E the same of any deposited childre	Date of birth verified by: Birth Certificate Souther (Specify) In Ric	Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic.
I acknowledge that I have received information regarding dangerous communicable diseases that are secusity transmitted, and a list of the set sides for the virus that causes AGS (sequined immune deficiency springers). Signature of Applicant Appl	If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Assignment of the full dependent (if adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Many Sulanne Adam (if adopted, list adoptive parents only) Residence of mother (if deceased, so state)	If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
State of Indiana Country of MENDRICKS Signed Country of MENDRICKS Country of Mendrick of Mendrick of Mendrick of Mendrick of Mendrick of Mendrick of Me	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms) (
County of HENDRICKS Signed Active Superior of the Application is true and correct. Signed Active Superior of the Application is true and correct. Signed Active Superior of the Application is true and correct. Signed Active Superior of the Application is true and correct. Signed Active Superior of the Application is true and correct. Signed Active Superior of the Application is true and correct. Signed Active Superior of the Application is true and correct. Now Address Superior of the	acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	Signed Sarries Subscribed and sworn to before me this Strategy and Subscribed and sworn to before me this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and sworn to be some this Strategy and Subscribed and Sworn to be some this Strategy and Subscribed and Sworn to be some this Strategy and Strate	County of HENDRICKS ss: in this application is true and correct. Signed New Address A
County of HENDRICKS Father. ID # Father ID # Mother ID # ID # Mother ID # I	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
County	County of	County of
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of		
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-5-93 authorizing the marriage of LARRY JOE MILLER LARRY JOE MILLER LARRY JOE MILLER LARRY JOE MILLER		
And KIMBERLY SUE ENGEL I, CYNTHIA J. SPENCE (date), at DANVILLE LARRY JOE MILLER of MARION MARION County IN (state), and KIMBERLY SUE ENGEL of HENDRICKS County IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CYNTHIA J. SPENCE I further certify that the following marriage certificate was filed in my office: FEBRUARY 5, 1993 County, Indiana, (state) were married by me as authorized HENDRICKS County, Indiana, dated 2-5-93 Signed by: /s/ CYNTHIA J. SPENCE 1 ST DEPUTY CLERK (official designation)	I certify that there was filed in my office a marriage license issued by the dated $2-5-93$, authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana,
LARRY JOE MILLER of MARION County IN (state), and	I, CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 5, 1993
Filed and recorded in accordance with the laws of the State of Indiana on 2-5-93 (date).	LARRY JOE MILLER of MARION KIMBERLY SUE ENGEL of HENDRICKS of under a marriage license that was issued by the Clerk of the Circuit Court Signed by: /s/ CYNTHIA J. SPENCE	County IN (state), and

Circuit Court

GREGORY E. GARRISON

Signed by: /s/ CYNTHIA J. SPENCE

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

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

TANYA L. MUNS

HENDRICKS

MARION

IN

IN

HENDRICKS

1ST DEPUTY CLERK

_(state), and _

(official designation)

County, Indiana, dated _

HENDRICKS

(state) were married by me as authorized nry Indiana, dated 2-8-93

Clerk

Circuit Court

County

Signed

2-8-93

County

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. No A Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Dr. John Son IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** muns -arrison Indiana Nayne Never Married OR No. of Previous Marriages Death Annulment Last Marriage Ended By Death Birth Certificate Other (Specify) Birth Certificate Other (Specify) icense No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Are you related to the female applicant closer than second cousin? Yes 🗌 Are you now under the influence of an alcoholic beverage? Not Yes 🗌 No Yes 🔲 (a) Full name of applicant's father Larry Wayne Garrison er (State or foreign country) TN artha vola Muse Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases ledge that I have received information regarding dangerous communication Harrison The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to Clerk of Court Clerk of Court State of Indiana State of Indiana HENDRICKS granted. CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS should COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named part Court, by written order issued County authorizes and directs the issuance of a marriage license to the above named RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, 2-8-93 GREGORY E. GARRISON , authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name) certify that on FEBRUARY 8, 1993 TANYA L. MUNS CYNTHIA J. SPENCE (name), certify that on HENDRICKS DANVILLE (date), at _ in County, Indiana,

and

Muns,

Tanya

Greg

County, Indiana,

County, Indiana, dated _

HENDRICKS

(official designation)

(state), and

(state) were married by me as authorized unty. Indiana, dated 2-8-93

Clerk

Circuit Court

IN

IN

HENDRICKS

1ST DEPUTY CLERK

County

Signed

2-8-93

County

(date), at_

GREGORY E. GARRISON

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

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

TANYA L. MUNS

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

HENDRICKS

MARION

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the Female Applicant 50 No circuit court when the person applies for a marriage license under If No, Medical Examination or Report Dated Name of Physician Dr. Johnson IC 31-7-3 commits a Class D felony. MALE APPLICANT FEMALE APPLICANT arrison muns Never Married OR No. of Previous Marriages Last Marriage Ended By Death Divorce Annulment Last Marriage Ended By: Death Divorce 🗌 Annulment icense Date of birth verified by: No Yes 🔲 No Q Yes 🔲 Are you related to the female applicant closer than second co Yes 🗌 Yes 🔲 Are you now under the influence of a narcotic drug? Yes 🗌 List the full names of any dependent children. arry wayne Garrison (a) Full name of applicant's father Full name of . (If adopted, 13 Full maiden (If adopted, 3 CIRCUIT COURT TO MARRY **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases GRANTING LEAVE The above applicant has objected to verifying by oath or affirmation or signature to the above MARION COUNTY Clerk of Court State of Indiana HENDRI ORDER HE CAU OF CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, CONSENT OF PARENTS, P MATTER We, the parents of this ch make the consent of the other parent unnecessary GARRISON A MUNS THE HENDRIC RE GREG C IN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license ha County _ and filed in Court, by writ , authorizes and directs the issu RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of ___ GREGORY E. GARRISON County, Indiana, TANYA L. MUNS CYNTHIA J. SPENCE . I further certify that the following marriage certificate was filed in my office: (name), certify that on ____FEBRUARY 8, 1993 (name), certify that on _ HENDRICKS DANVILLE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

of IC 31-7-3	MARRIAGE LICENSE
HENI	DRICKS County File
	2-9-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 1-22-93 Name of Physician 2, Burki, H.D.
MALE APPLICANT	FEMALE APPLICANT
Name Randled S. Brand	Name Her Firey Least Middle Per h Cast
Date of Birth Month 2 Day 25 Year 446 Place of Birth (State or foreign country)	Date of Birth Month Day 10 Year 44
Residence Address Street or R.R. City County State	Place of Birth (State or foreign country) New Castle In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address 3 Street or R.R. City to County In 46104 Rush Co.
Last Marriage Ended By: Death Divorce Annulment Date 1992	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 1982
Date of birth verified by: Birth Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date 1982 Date of birth verified by: Birth Certificate Other (Specify) Date 1982
1. Are you now or have you ever been adjudged to be of unsound mind? 1. If answer is "yes," has the adjudication been removed? No Yes Yes No Yes Y	Are you now or have you ever been adjudged to be of unsound mind? No Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Gillman Branch	6. (a) Full name of applicant's father Glenn David McIntosh
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Length	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Darnell Durn (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Adard Hamilton (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Fland
1	
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome)	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndromes)
Signature of Applicant Small J. Smann Date 2-9-93	Signature of Applicant General Muchu Date 2.9.93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this perfection is true and county.	State of Indiana) ss: Swear/affirm that the information given
Signed Rosald & Svanch	County of HENDRICKS in the application is true and correct. Signed Signed Rucker
New Address Subscribed and sworn to before me this 9th day of Feb 1993	New Address / 1907 fary 24 Clayfor de 46/18 Subscribed and sworp to before me this day of July 19 93
Connict Lawson Clerk of the HENDRICKS Circuit Court	Carrie Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) HENDRICKS SS:	State of Indiana) HENDRICKS SS:
County of HENDRICKS SS: Father ID #	County of HENDRICKS SS:
Mother ID # Subscribed and sworn to before me this day of, 19	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	
and filed in, authorize	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated 2-9-93, authorizing the marriage of	
and GERALDEAN RUCKER I, DR. REV. JAMES EDWARD RUDIGER	. I further certify that the following marriage certificate was filed in my office:
(date), atINDIANAPOLIS	(name), certify that on FEBRUARY 14, 1993 in MARION County, Indiana,
CEDALDES TO THE PROPERTY OF TH	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ JAMES EDWARD RUDIGER	HENDRICKS County, Indiana, dated 2-9-93
Filed and recorded in accordance with the laws of the State of Indiana on	2-23-93 (date). (official designation)

50

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT Name , First Samiddle Class
vale of Birth Low Month James Sucker	Date of Birth Month Day Year
May 19 1966	march 4, 1967
lace of Birth (State or foreign country)	Place of Birth (State or foreign country) New York
lesidence Address August & Styles or R.R. Puttaboro Sundruks On	Regidence Address State or R. Street or R. City Lenaricks State
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
tate of birth verified by: Birth Certificate Dother (Specify) Brisen Linenal	Date of birth verified by: Birth Certificate Other (Specify) Quiller Aloues
- William of Mission	- F Maios Meios
. Are you now or have you ever been adjudged to be of unsound mind? Nov Yes	Are you now or have you ever been adjudged to be of unsound mind? Note: Yes:
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes ☐ Yes ☐ Are you now under the influence of a narcotic drug? No Yes ☐	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No. Yes Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father James Gosuph Jucker	6. (a) Full name of applicant's father Thomas Michael Bosons 4
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Thursday full full full full full full full ful	(b) Full maiden name of applicant's mother (1) (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
state of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS is this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 4/24 Frum CVT Pits by a IN	New Address SAME
Subscribed and swown to before me this 10th day of £16 , 19 93	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Correct Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
tate of Indiana)	State of Indiana)
ounty of	County of HENDRICKS Ss:
ather ID #	Father ID #
Mother ID #	MotherID #
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
ind filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated $\frac{2-10-93}{}$, authorizing the marriage of ${}$	
nd LAURAJEAN MARIA DOWNEY	I further certify that the following marriage certificate was filed in my office:
REV. DANIEL B. DONOTTUO	(name), certify that on MARCH 27, 1993
date), atINDIANAPOLIS	_ in MARION County, Indiana,
TAMES TOTAL MADE A DOMINEY	County IN (state), and ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-27-93
Signed by: /s/ REV. DANIEL B. DONNOTTUO	, PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-30-93 (date).
	Signed Cornie Lawson Clerk
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

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File _

County

	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No X Yes □ ¬
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination of Report Dated 2-9-93
circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame A Figst Last	Name of First At Middle Jast
ate of Birth Month, Day 2 Year -	Date of Birth Month Day Year
ate of Birth Month	12 11 56
ace of Birth (State or foreign country)	Place of Birth (State or foreign country) Hattana (1)
esidence Addressy Street of R.R. City County State	Residence Address /Street or R.R. City Coupty State
538 & Main Flunfield In	538 to main Plungeld, A
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
st Marriage Ended By: Death Divorce Annulment Date 1989	Last Marriage Ended By: Death Divorce Annulment Date
_ / / / 0	1 8 0
te of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes □	1 Are you now or how you over been adjudged to be of unequal spind?
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ☑ / Yes □	3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug? Nor☑ Yes ☐	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father William S. Marlin	6. (a) Full name of applicant's father Teichard Underwood
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Slegmaces, In-	Residence of father (if deceased, so state) It Thanks
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Setting a. Maskon	(b) Full maiden name of applicant's mother Benova Mitchel
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only).
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) . Pracyce, con
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWI FORMENT
acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
hat are sexually transmitted, and a list of the test sites/for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
	1
ignature of Applicant W.S. Mark. Date 2-11-93	Signature of Applicant Synth Underwood Date 2-11-93
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs.
erk of Court Date	Clerk of Court Date
tate of Indiana) ss: / I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Co.S. / Land	Signed Xynette Underwood
New Address Seme	New Address Done
bescribed and sworn to before me this	Subscribed and sworn to before me this
Circuit Court	Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
ate of Indiana) ss:	State of Indiana) WENDRICKS SS:
dity of	County of HENDRICKS SS:
ther ID #	Father ID #
ther	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleted $\frac{2-11-93}{}$, authorizing the marriage of ${}$	
, dunorizing the marriage of _	
	I further certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 14, 1993
ate), atPLAINFIELD	in HENDRICKS C
WILLIAM CHEVEN MARHINI	in HENDRICKS County, Indiana, County IN (state), and
TANDERD CHE THEFT	TATELLA TO THE PROPERTY OF THE
nder a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as authorized
gned by: /s/ RONALD M. JOHNSON	MINITORED
	Signed Connie Jawson Clerk

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

TIEVE.	County File 2-11-93 Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves 18 No, Medical Examination or Report Dated Name of Physician Minas Miller, Minas
MALE APPLICANT	FEMALE APPLICANT
lame First Migdley & Last '	Name Con First 4 (Middle C Last
Date of Birth Month of Day Wear 1/2	Date of Birth Month Day , 2 Year - Q
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Euchville In-	Residence Address
Residence Address Baye 235 Street or R.R. 235 Stree	Residence Address 7 X reighton Dr. Indpls. In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Souther (Specify)	Date of birth verified by: Birth Certificate Author (Specify)
Date of Drift Verified Cy.	10/1.0/100.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	No. Wes D
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Raymond A. Smith	6. (a) Full name of applicant's father Leracy M. Lacy
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden pame of applicant's mother (c) Full maiden pame of applicant's mother (d) Full maiden pame of applicant's mother (e) Full maiden pame of applicant's mother (f) Full maiden pame of applicant to the first mother to the first mo	Birthplace of father (State or foreign country) (b) Full maiden name of englicent's mather than amelia linearly linearly
(b) Full maiden name of applicant's mother / Walan / 16. Messuring (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother franchischer Cusenba
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Indiana	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant Mark W. Smith Date 2/11/93	Signature of Applicant Mangarett Finding Date 2-11-93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct.
County of	Signed Marmer faces
New Address some	New Address be Box 235 Statesville IN
Subscribed and sworn to before me this	Subscribed and sworn to before the this 11th day of 1th , 19 93
Carrie Lawson Clerk of the HENDRICKS Circuit Court	Cornel Jawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
	The Confederation of the Confe
State of Indiana) Countries HENDRICKS ss:	State of Indiana) Countries HENDRICKS ss:
County of HENDRICKS) Father ID #	County of HENDRICKS
Father ID # Mother ID #	Father ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICEN!	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cla	
dated 2-11-93, authorizing the marriage of	MARK W. SMITH
and MARGARET LEE LACEY	I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on FEBRUARY 11, 1993
(date), at DANVILLE MARK W. SMITH of HENDRICKS	inHENDRICKS County, Indiana,
THE COLUMN THE TACKY	county IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	ounty (state) were married by me as authorized from the MENDRICKS County, Indiana, dated 2-11-93
Signed by: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	2-11-93 (date).
	A since of
	Signed Clerk HENDRICKS Circuit Court
	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 1-22-93 Name of Physician Dr. M.O.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last NCHCNR Date of Birth Day Place of Birth (State or foreign country) Nomb North Day North Day Year ST	Name Shuling Ame Date of Birth Day Place of Birth (State or foreign country) Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.R. City County State 527 South Hrant St. B'Lurry, Hen Quides, In Previous Marital Status: Never Married PGR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 6-92	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate (Specify)	Date of birth verified by: Birth Certificate Tother (Specify) Privers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Jackson Tale, McHone (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 Harrett Ann Beaver (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Date 21-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed New Address Subscribed and swern to before me this Clerk of the HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss: Father ID #	State of Indiana) County of HENDRICKS) Ss: Father ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me thisday of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties
I certify that there was filed in my office a marriage license issued by the Cl dated 2-11-93, authorizing the marriage of PHYLLIS ANN WILMER	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, GARY DWAYNE MCHOME I further certify that the following marriage certificate was filed in my office.
I, ROBERT FELTON CARTER	(name), certify that on MARCH 20, 1993
GARY DWAYNE MCHOME of HENDRICKS	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ DR. ROBERT FELTON CARTER	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	Signed (date). Clerk
	HENDRICKS Circuit Cou

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 Nox A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Mar Death Death Birth Certificate Birth Certificate No'P Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No 🗆 / Yes 🗌 No 🗆 Yes 🗌 'yes," has the adjudication been removed? Not Yes Are you related to the female applicant closer than second cousin? No Yes 🔲 No Yes Yes 🗌 No Yes Are you now under the influence of a narcotic drug? Na Yes 🗌 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases wledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmati acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court HENDRICKS HENDRICKS Signed New Address Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of __, authorizing the marriage of _ and _ . I further certify that the following marriage certificate was filed in my office: _ (name), certify that on ___ (date), at _ __ County, Indiana,__ __(state), and __

_ County ___

Signed_

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

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

(state) were married by me as authorized

Circuit Court

_County, Indiana, dated _ ____ (official designation)

_ (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS 2-12-93 Female Applicant 50 No Z IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Date 1990 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) No O No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🗆 Yes 🗌 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No / Yes 🗌 NO Yes 🔲 Are you related to the female applicant closer than second co No Yes No D Yes 🗌 Are you now under the influence of an alcoholic beverage? No Yes No Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children argangas of mother (if deceased, so state)_ Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs acknowledgment because of religious beliefs Clerk of Court I swear/affirm that the information given State of Indiana HENDRICK HENDRICKS Signed Stac 93 Cornel Jawson Clerk of the Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ __ County ___ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, dated ______STACEY ANN SCHOFIELD ___. I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on ____ FEBRUARY 13, 1993
____ in ____ MARION ____ County, Indiana, I, _ GARY E. MILLS (date), at __INDIANAPOLIS _ County, Indiana,_ KENNY DWAYNE BERRY HENDRICKS IN County ___ _(state), and _ IN MARION ___ (state) were married by me as authorized ________County, Indiana, dated ________2-13-93 STACEY ANN SCHOFIELD __ County __ HENDRICKS MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_

HENDRICKS

HENDRICKS

of_

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

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

REX ALLEN DUNAGAN

AMY LYNN ABERNATHY

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	PRICKS County File
HEND	County File 2-12-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 2-12-93 Name of Physician 1.7. Are, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First	Name First
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire immune deficiency syndrome). Signature of Applicant Date 2-12-
Signature of Applicant Adj Adj Date The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS) Ss: Father ID #	State of Indiana County of HENDRICKS) ss: Father
County	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cl dated2-12-93, authorizing the marriage of andAMY LYNN ABERNATHY I,CYNTHIA J. SPENCE	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, REX ALLEN DUNAGAN I further certify that the following marriage certificate was filed in my office. (name), certify that on FEBRUARY 12, 1993
(date), at DANVILLE	in HENDRICKS County, Indiana,

County, Indiana,

_(state), and

_ (official designation)

___ (state) were married by me as authorized _______County, Indiana, dated _______2-12-93______

Clerk Circuit Court

IN

HENDRICKS ,1ST DEPUTY CLERK

(date).

County _

County_

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Atomapate. IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Indiana Main Never Married OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Yes 🗌 No 🗆 If answer is "yes," has the adjudication been removed? Yes 🔲 If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second Yes 🗌 No 🔼 Yes 🔲 Are you now under the influence of an alcoholic beverage? Yes 🗌 No D Yes 🗌 Yes 🗌 No D Shoulders (a) Full name of applicant's father Gerry Lynn Shoulders Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Ton Movie Residence of mother (if deceased, so state) TO Birthplace of mother (State or foreign country) TN ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Xtoulatto Facelines Date 2/10/93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court State of Indiana New Address Connu puson clerk of the CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ County ____ Court, by written order issued __ and filed in_ ____, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 2-16-93, authorizing the marriage of GERRY L. SHOULDERS II and CHARLOTTE R. FAULKNER. I further certify that the following marriage. HENDRICKS County, Indiana, _ . I further certify that the following marriage certificate was filed in my office:
_ (name), certify that on ____MARCH_20, 1993 GEORGE F. KEHLER __ (name), certify that on _ HENDRICKS NEW WINCHESTER in_ County, Indiana,_ GERRY L. SHOULDERS II of_ HENDRICKS _ County _ _(state), and _ CHARLOTTE R. FAULKNER of HENDRICKS ___ (state) were married by me as authorized County, Indiana, dated ___2-16-93 _ County _ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ GEORGE F. KEHLER MINISTER (official designation)

3-24-93

(date).

Clerk

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1-13-93 If No, Medical Examination or Report Dated 1-13-93 Name of Physician W. Redupands, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Date of Birth Day 13 Place of Birth (State or foreign country) Albian Residence Address Street of R.R. Fity Country State	Name State of Birth State or foreign country State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1987	Last Marriage Ended By: Death Divorce Annulment Date 1988
Date of birth verified by: Birth Certificate Other (Specify) Sn. Kie	Date of birth verified by: Birth Certificate Other (Specify) Nr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Kall Wesley Hidder (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 Mura Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Mainel Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Brice During Sell (If adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother Angel Kertrude Ba (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country) Auth Caralia
Signature of Applicant Scarnes Atthus Sulden Date 2-16-93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant Aurola Frances Carrell Date 2 16-15 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed HENDRICKS On this application is true and correct. Superribed and sworn to before me this Letter day of Jelle 19 93 Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Finda F. Cast all in this application is true and correspond to the supplication to the supplicatio
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana) ss: County of HENDRICKS) ss: Father ID #
Matthew 1	MotherID #
MotherID #	Subscribed and sworn to before me thisday of, 19
Subscribed and sworn to before me thisday of, 19Clerk	Cl
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, to Court, by written order issued
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	A marriage license having been refused to the above named parties, theCourt, by written order issuedes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE erk of the Circuit Court ofHENDRICKSCounty, Indianal JAMES ARTHUR GLIDDEN I further certify that the following marriage certificate was filed in my office(name), certify that onMARCH 27, 1993 in HENDRICKSCounty, Indiana, County IN(state), and unty IN(state) were married by me as authorized.

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No 🖃 Yes 🗆
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated Name of Physician De Describent
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician 22 32 32 32
MALE APPLICANT	FEMALE APPLICANT
Russell First Walker wheat	Name Lisa First TO Middle Last
Date of Birth Month Day Year 3	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
166 Sycamore Brownshire Henry IN	166 Suramore Brownsburg Heard IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriana Ended By: Daath Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Cher (Specify) License	Date of birth verified by: Birth Certificate Other (Specify) Kidense
1. Are you now or have you ever been adjudged to be of unsound mind? No. Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☒ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Eull name of applicant's father Robert D. Wheat	6. (a) Full name of applicant's father Michael J. Raymond
6. (a) Full harrie of applicants laurel	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) IN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother LOS L. LINKER	(b) Full maiden name of applicant's mother C, Udy LOU Rawson
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) +N
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	immune deficiency syndrome).
Signature of Applicant Survey Survey Dates 2-17-93	Signature of Applicants Ossa John Dates 2-17-9
	407
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given set the and correct in this application is true and correct.
County of HENDRICKS Signed: Signed: WWW. In this application is true and correct.	County of HENDER Signed State of the Signed St
New Address	New Address
Subscribed and sworn to before me this 17th day of 7ebruar 1 1993	Subscribed and sworn to before me this 17th day of February , 19 93
Cornie Bowloo Clerk of the HENDRICKS Circuit Court	Connie Laukson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Sevent of HENDRICKS SS:	State of Indiana) HENDRICKS SS:
County or	County or
Father	Father ID # Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cladated $2-17-93$, authorizing the marriage of	
and LISA JO LONG	I further certify that the following marriage certificate was filed in my office:
I, OSCAR J. MATHURA	(name), certify that on FEBRUARY 27, 1993
(date), at INDIANAPOLIS	in MARION County, Indiana,
	CountyIN(state), and
LISA JO LONG of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-17-93
Signed by: /s/ OSCAR J. MATHURA	,MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	3-4-93 (date).

_County, Indiana, dated _2-21-93

Clerk

Circuit Court

_ (official designation)

PASTOR

Signed

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS No B Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Town IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Sevier Date of Birth To 1019 6295 Previous Marital Status: Divorce 🔲 Annulment Last Marriage Ended By Death Annulment Date Divorce Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No A Yes No 🗆 Yes 🔲 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No 🔯 Yes 🗌 No Yes Are you related to the female applicant closer than second con No D Yes 🔲 No No Yes Yes 🔲 Are you now under the influence of a narcotic drug? No Yes Bburg TEXAS Warrick ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases bean Farmer The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana HENDRICKS Signed X Biburg In CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS Consupperson ? COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ____ Court, by written order issued __ Qe hairer _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ___ County, Indiana, . I further certify that the following marriage certificate was filed in my office: JENNIFER MARIE SEVIER and JENNIFER MAR I, DAN J. SMETZER _ (name), certify that on _ FEBRUARY 21, 1993 in HENDRICKS (date), at AMO
JASON CARL BARNES _ County, Indiana,_ IN _(state), and _ HENDRICKS _ County _ HENDRICKS IN (state) were married by me as authorized JENNIFER MARIE SEVIER of

Signed by: /s/ DAN J. SMETZER

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use If No, Medical Examination or Report Dated 1-12-93 Name of Physician Yoursell, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name (First) Middle '// Last /	Name A First . Alder
Date of Birth Month Day Your	- Patricia Roben Strainer
Month Day 2 2 Year 59	Date of Birth Month 4 Day 9 Year 64
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City A County State	- Indianapalis, In
529 maple In. Brownshing I	Residence Address Street or R.R. City Burnty State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Sother (Specify) Si-Lic.	Date of birth verified by: Birth Certificate Sother (Specify) Dr. Lie
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed?
	2. Are you related to the male applicant closer than second cousin?
les d	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6 (a) Sull game of applicants to the Real Alle & D.	6. (a) Full name of applicant's father Walter Keith Deale
6. (a) Full name of applicant's father Tay albert Ting	6. (a) Full name of applicant's father Walter Keith Deale
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Indipole., In.
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Owean Trackel Sher	Full maiden name of applicant's mother Feeth ann Thursh
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome).
Signature of Applicant Muchael Htt. Date 2/18/93	Signature of Applicant / Alucio K. Strains Date 1895
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
	Clerk of Court Date
State of Indiana County of HENDRICKS Signed Muchael Property New Address SAME Subscribed and sworn to before me this 18 address HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Little State of Indiana New Address Subscribed and sworn to before me this County of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Country of HENDRICKS SS:	State of Indiana)
County of HEADACES	County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
and filed inauthorize	Court, by written order issued
, authorize	s and directs the issuance of a marriage license to the above named parties.
DETUDN OF MARRIAGE LICENSE	CAND MADDIAGE OFFICE IT
RETURN OF MARRIAGE LICENSE	: AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cleadated 2-18-93	rk of the Circuit Court of HENDRICKS County, Indiana,
, authorizing the marriage of	MICHAEL PHILLIP PING
	. I further certify that the following marriage certificate was filed in my office:
I, TITKON BARNARD	(name), certify that on MARCH 10, 1993
(date), at INDIANAPOLIS	in MARION County, Indiana,
	CountyIN(state), and
PATRICIA ROBIN STRAINER HENDRICKS Cou	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-10-93
Signed by: MYRON BARNARD	JUDGE (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-13-93 (date).
	igned Connie Lawson Clerk
	UE PRICES
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

____ Clerk _Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND.	RICKS County File
	2-18-93 Date of Application
2 31-7-9-1. Furnishing false information upon applying for license. person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under 2 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 3-4-93 If No, Medical Examination or Report Dated Name of Physician Assignmental Stephens Ste
MALE APPLICANT	FEMALE APPLICANT
Welliam Frederick Settle	Name Margaret Maine Mayer
te of Birth Month 5 Day 28 Year 60	Date of Birth Month Day 22 Year 59
ce of Birth (State or foreign country) Funklin In.	Place of Birth (State or foreign country) Indianabalis In.
1731 Buch Ct. Plaintel Sure	Residence Address Street or R.9. Cof City Place I State
vious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
t Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1986
e of birth verified by: Birth Certificate Scuher (Specify) DA. Line.	Date of birth verified by: Birth Certificate Author (Specify) A.A. Rice
e of orth vernied by: Birth Certificate Garage (Specify) N/L , & DC ,	Date of birth verified by.
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No / Yes /	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	The state of the s
William to S. Atto	There of the sale
(a) Full name of applicant's father // (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Allman Turker (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Amby	Residence of father (if deceased, so state) Diccased
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Ramona Rally	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother (from the first adoptive parents only)	(b) Full maiden name of applicant's mother Alice Name (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Cambry In-	Residence of mother (if deceased, so state) It Lauderdale,
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) 7004.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mune deficiency syndrome). Welliam J. Sullan Date	
gnature of Applicant William J. Sille Date	Signature of Applicant Mangaret May an Date 2/18/9
ne above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
knowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Date	Clerk of Court Date
tte of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unty of HENDRICKS Signed William 7. Still	County of HENDRICKS in this application is true and correct.
New Address 18/1	Signed Mongaret Mayer New Address Subscribed and sworn to before me this 18th day of Jel 1993
ascribed and sworn to before me this SAME day of Sub., 19 9 3	Subscribed and sworn to before me this 18th day of Jeb , 19 93
Clerk of the HENDRICKS Circuit Court	Connie Jawson Clerk of the HENDRICKS Circuit Cour
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana) NENDRICKS SS:
inty of HENDRICKS	County of HENDRICKS
ther ID #	Father
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Cleri
	A marriage license having been refused to the above named parties, the
nd filed in, authoriz	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE LICENS	
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl	
certify that there was filed in my office a marriage license issued by the Classest Landscape and the control of the control o	WILLIAM FREDERICK SETTLE
certify that there was filed in my office a marriage license issued by the Clasted, authorizing the marriage of, and, MARGARET ELAINE MAYER	WILLIAM FREDERICK SETTLE I further certify that the following marriage certificate was filed in my office:
certify that there was filed in my office a marriage license issued by the Claud 2-18-93, authorizing the marriage of	WILLIAM FREDERICK SETTLE I further certify that the following marriage certificate was filed in my office: (name), certify that on MARCH 20, 1993 in MARION County, Indiana,
certify that there was filed in my office a marriage license issued by the Classed	WILLIAM FREDERICK SETTLE I further certify that the following marriage certificate was filed in my office: (name), certify that on MARCH 20, 1993 in MARION County, Indiana, County IN (state), and
certify that there was filed in my office a marriage license issued by the Classed	WILLIAM FREDERICK SETTLE

HENDRICKS County 2-18-93 Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Divorce Annulment Annulment Last Marriage Ended By: Divorce Last Marriage Ended By Birth Certificate Other (Specify) Other (Specify) No D Yes 🗌 Yes 🗌 No . Yes Yes 🔲 No ☑ / Yes □ No M Yes 🔲 No Yes 🔲 No 🗸 / Yes 🗆 Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases TEB 18, 93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given INDPLS, IN D FNDPLS, IN CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ County __ and filed in_ __, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of JASON ALAN EDWARDS _ County, Indiana, dated 2-18-93
MANDY FAYE WRIGHT _, authorizing the marriage of _ . I further certify that the following marriage certificate was filed in my office:

(name) certify that on FEBRUARY 18, 1993 __ (name), certify that on ___ DANVILLE in HENDRICKS _ County, Indiana,_ __ County ___ IN JASON ALAN EDWARDS MORGAN _(state), and _ MANDY FAYE WRIGHT HENDRICKS County___ _____ (state) were married by me as authorized HENDRICKS County, Indiana, dated 2-18-93

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

Clerk

_Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File _

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use If No. Medical Examination or Report Dated 1-25-93 Name of Physician A Rahenson, M.P.
MALE APPLICANT	FEMALE APPLICANT
Name Last Prinst Middle Last Last	Name A First Middle 1 Last 1 +4
Date of Birth Month Day Year 7 /	Date of Birth Month Day 2 Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address 3/ Street or R.R. L. City County by State	Residence Address Street or B.B. China College
540 Nilson St. Downers Those Il.	4 oles Dr. Brawashing, In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OB No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Author (Specify)
	- No. are.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? No ☑ Yes
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? Now Yes List the full names of any dependent children.
	List the full names of any dependent children.
6 (a) Full page of applicable in the Carlo Ocean A. B.	1/101 10 11
6. (a) Full name of applicant's father (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father William Newell Teach
Residence of father (if deceased, so state) Nowners Lhrae II.	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Brunshury In
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother lancy lendy spada	(b) Full maiden name of applicant's mother Caralyn Lucille
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Sowners Grove St.	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Arkania
the above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the all acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information g
County of HENDRICKS in this application is true and correct. Signed Stem Carl Carlows	County of HENDRICKS ss: In this application is true and cor
New Address 40LES DR. BROWNS BURE IN 46112	Signed Kebecca Ryan Jubbett New Address Same.
Subscribed and sworn to before me this	Subscribed and sworn to before me this 18th day of Feb. 19 93
Clerk of the HENDRICKS Circuit Court	Crane Jewson Clerk of the HENDRICKS Circuit C
ONSENT OF PAR	
	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent si
Parent signs,	
tate facts which n Allase	We, the parents of this applicant, hereby give consent for this marriage. If only one parent si
tate of Indiana ounty of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sistate facts which make the consent of the other parent unnecessary
tate facts which n Plase tate of Indiana younty of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS:
tate facts which n All ose tate of Indiana ounty of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father
tate facts which n House tate of Indiana county of tother tother	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: Father ID # Mother Subscribed and sworn to before me this day of , 19
tate of Indiana county of ather_ dother_ dubscribed and : Clerk	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father ID # Subscribed and sworn to before me this day of , 19
tate facts which n Plase State of Indiana County of ather tother subscribed and t Clerk	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sit state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: Father ID # Subscribed and sworn to before me this day of , 19 marriage license having been refused to the above named parties, to
State of Indiana Country of Subscribed and : Cierk	We, the parents of this applicant, hereby give consent for this marriage. If only one pare state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS SS: Father ID #
complete Comple	We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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 marriage license having been refused to the above named parties, Court, by written order issued 19 s and directs the issuance of a marriage license to the above named parties. The of the Circuit Court of HENDRICKS 19 County, India CIENN CARL CINKUS
tate of Indiana Jounty of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sas: Father ID # Subscribed and sworn to before me this day of 10 # Subscribed and sworn to before me this day of 19 marriage license having been refused to the above named parties, Court, by written order issued 19 s and directs the issuance of a marriage license to the above named part 19 and directs the issuance of a marriage license to the above named part 19 s and directs the issuance of a marriage license to the above named part 19 s and 1
complete and filed in Complete and filed in RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clere and REBECCA LYNN TIBBETT HAROLD L. LEININGER II BROWNSBURG REPOWNSBURG REPOWNSBURG REPOWNSBURG REPOWNSBURG RESECTATION OF MARRIAGE LICENSE authorizing the marriage of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Father ID # Subscribed and sworn to before me this day of ID # Father ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this ID # Mother ID # Mother ID # Mother ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Mother ID # Subscribed and sworn to before me this ID # Mother ID # Mothe
tate of Indiana Jounty of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this ID # FEBRUARY 19 , 1993 If the ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # If the ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # If the ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # If the ID # Subscribed and sworn to before me this ID # If the ID # Subscribed
tate of Indiana county of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of 19 marriage license having been refused to the above named parties, Court, by written order issued sand directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE R of the Circuit Court of HENDRICKS County, Indiana GLENN CARL CINKUS I further certify that the following marriage certificate was filed in my office (name), certify that on FEBRUARY 19, 1993 in HENDRICKS County, Indiana, County ILL (state), and IN. (state) were married by more an explorite of the state of the county in the county of the county in th
tate of Indiana Jounty of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Fand directs the issuance of a marriage license to the above named parties, and directs the issuance of a marriage license to the above named parties. Fand Marriage Certificate as filed in my officate Fand Marriage Certify that the following marriage certificate was filed in my officate [In Hendricks County, Indiana, County Indiana, County Indiana, County Indiana, Mendel III. [In Hendricks County, Indiana, County, Indiana, Mendel III. [In Mendricks County, Indiana, County, Indiana, County, Indiana, Mendel III. [In Mendricks County, Indiana, County, Indiana, Mendel III. [In Mendricks County III. [In Mendricks C
tate of Indiana county of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent 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
tate of Indiana county of	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this day of ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # FEARLY 19 # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # FEARLY 19 # Subscribed and sworn to before me this ID # Subscribed and sworn to before me this ID # FEARLY 19 # Subscribed and sworn to before me this ID # FEARLY 19 # Subscribed and sworn to before me this ID # FEARLY 19 # FEARLY 19 # FEARLY 19 # Subscribed and sworn to before me this ID # FEARLY 19 #
RETURN OF MARRIAGE LICENSE certify that there was filed in my office a marriage license issued by the Clera material and REBECCA LYNN TIBBETT HAROLD L. LEININGER II late), at BROWNSBURG GLENN CARL CINKUS of DU PAGE GLENN CARL CINKUS of DU PAGE REBECCA LYNN TIBBETT of HENDRICKS material amarriage license that was issued by the Clerk of the Circuit Court of gened by: _/S/ HAROLD L. LEININGER II lated and recorded in accordance with the laws of the State of Indiana on	We, the parents of this applicant, hereby give consent for this marriage. If only one parent state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

No. 65

HENDRICKS County File	
	2-19-93
	Date of Application
IC 21 7 0 1 Europiahing false information	
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ⊠ Yes □
circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated Name of Physician
IC 31-7-3 commits a Class D felony.	Name of Physician
The state of the s	
MALE APPLICANT	FEMALE APPLICANT
Name O First Middle Co Last	Name First / Middle / / Last /
Date of Birth Month Day Year	Date of Birth Month! Day Your Your
Place of Birth (State or foreign country)	9 24 55
- St hours no	Place of Birth (State or foreign country)
Residence Address Street of PCR. City County 774-574 State	Residence Address Street R.R. City County TOUSA State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married SOR No. of Previous Marriages
	Previous Marital Status: Never Married OR No. of Previous Marriages
11/2	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) A. Lic.	Date of birth verified by: Birth Certificate Steher (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	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?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a parcetic days?	3. Are you now under the influence of an alcoholic beverage? No√ Yes ☐
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. No Yes 1. Yes 1. Yes 1. Yes 1. Yes	4. Are you now under the influence of a narcotic drug?
and the second state of th	List the full names of any dependent children.
6. (a) Full name of applicant's father Jahn Lugene Ellington	6. (a) Full name of applicant's father James William Strain
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) St. Zauce The. Birthplace of father (State or foreign country) Missaurre	Residence of father (if deceased, so state) Olclased
(b) Full maiden name of applicant's mother Evelyn Lucinda Wake	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) St. Lxuis, Mo	Residence of mother (if deceased, so state) San Antonio Id
Birthplace of mother (State or foreign country) Mussure	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Share as above Subscribed and sworn to before me this 19 day of HENDRICKS Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this We Address Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
County ofHENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	County of
Mother ID #	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriago licenses hariantes
	Court by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Clerente dated 2-19-93	rk of the Circuit Court of HENDRICKS County, Indiana, JOHN EUGENE ELLINGTON
andKELLY BRIDGET STRAIN	. I further certify that the following and the f
FATHER CHARLES SEAN CHESEBROUGH	. I further certify that the following marriage certificate was filed in my office: (name), certify that onFEBRUARY 20, 1993
(date), at DANVILLE	in HENDRICKS County, Indiana,
JOHN EUGENE ELLINGTON of TULSA KELLY BRIDGET STRAIN	County OK (state) and
KELLY BRIDGET STRAIN of TULSA Countries of the Clark of t	nty OK (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ FR. C.S. CHESEBROUGH	PASTION County, Indiana, dated 2-20-93
Filed and recorded in accordance with the laws of the State of Indiana on	2-24-93 (Official designation)
of the state of material on	(date).
	igned Connie Lawren Cont
	gneuClerk

Signed by: /s/ WM. J. BROWN

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Last Marriage Ended By Birth Certificate Yes 🗌 No T Yes 🔲 No 🗆 / Yes 🗆 No 🗆 Yes 🗌 No Yes No 🗹 Yes 🔲 No Yes No Ves NAE ce of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information giver HENDRICKS HENDRICKS ridinair above 19 93 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sig HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, and TRACIE LEANN RIDENOUR ___. I further certify that the following marriage certificate was filed in my office:

_____ (name), certify that on ____ MARCH 20, 1993
____ in ___ HENDRICKS ____ County, Indiana, ____ I, WM. J. BROWN (date), at PITTSBORO _ County, Indiana,_ BILLY RAY ALEXANDER of__ HENDRICKS IN County _ _(state), and . TRACIE LEANN RIDENOUR of HENDRICKS __ County_ IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of ___ HENDRICKS _County, Indiana, dated __

, MINISTER

(official designation)

Circuit Court

(date).

STATE OF INDIANA

of IC 31-7-3 APPLICATION FOR MARRIAGE LICENSE No. 67	
HEN	DRICKS County File
	Date of Application
231-7-9-1. Furnishing false information upon applying for license, person who knowingly furnishes false information to a clerk of the rcuit court when the person applies for a marriage license under 231-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination of Report Dated /-/9-93 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Brian with Fiener	Name and Migdle State
e of Birth Month 2 Day 30 Year 73	Date of Birth Month 9 Day Year 7 4
e of Birth (State or foreign country) Indianapalise In-	Place of Birth (State or foreign country) It Pilone Ky
1 dence Address 4 OSceola Dr. Hendricks Sign Street or R. R. Seeland Street or R. R. Stephen Street or R. R. Street or R. R. Stephen Street or R. R. Street or	Residence Address A Street of R.R. La County of State of 4/2-
OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Anther (Specify) Certificate A	Date of birth verified by: Other (Specify)
Arrayanan	
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? Not Yes Yes	3. Are you now under the influence of an alcoholic beverage?
List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Y Yes List the full names of any dependent children.
(a) Full name of applicant's father Reith albert Preser	6. (a) Full name of applicant's father Michael Lee Mathie
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Arguelle .
(b) Full maiden name of applicant's mother Cheryl Elaine Walton	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Brooksie Woone Ca
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state) Assaulle, In.
	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT cknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
une deficiency syndrome). /	immune deficiency syndrome)
ature of Applicant Brown X - Prepor Date 2/19/93	Signature of Applicant Wilgila Machine Date 49943
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
owledgment because of religious beliefs. of Court Date	acknowledgment because of religious beliefs.
	Clerk of Court Date
of Indiana) I swear/affirm that the information given ty of HENDRICKS ss:	State of Indiana) I swear/affirm that the information given
Signed Brian X - Preper in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct. Signed Anarcta U. Nathur
New Address Same	New Address Damit
mil daema Charles HENDRICKS	Subscribed and sworn to before me this
	Clerk of the HENDRICKS Circuit Court
DEET OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, lacts 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
	- une of the other parent unnecessary
of Indiana) y of	State of Indiana) Country of HENDRICKS ss:
ID #	FatherID #
ribed and sworn to before me thisday of	Mother
day of, 19Clerk	Subscribed and sworn to before me this day of, 19
	Clerk
	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
TIETOTITO OF WARRIAGE FITTERS	ork of the Circuit Court of
rify that there was filed in my office a marriage license issued by the Cle	
Thy that there was filed in my office a marriage license issued by the Cle $2-19-93$, authorizing the marriage of	BRIAN KEITH PIEPER
the there was filed in my office a marriage license issued by the Cled 2-19-93, authorizing the marriage of	BRIAN KEITH PIEPER I further certify that the following marriage certificate was filed in my office:
the there was filed in my office a marriage license issued by the Cle d 2-19-93, authorizing the marriage of ANGELA YVONNE MATHIS S. V. STILES e), atDANVILLE	BRIAN KEITH PIEPER I further certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 20, 1993
ANGELA YVONNE MATHIS DANVILLE IAN KEITH PIEPER OF HENDRICKS	BRIAN KEITH PIEPER I further certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 20 , 1993 in HENDRICKS County, Indiana, County IN (state), and
the there was filed in my office a marriage license issued by the Cle d, authorizing the marriage of ANGELA YVONNE MATHIS S. V. STILES e), at DANVILLE	BRIAN KEITH PIEPER I further certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 20, 1993 in HENDRICKS

_ Clerk

Circuit Court

HENDRICKS

Since a time water by time cannot be proceed beautiful processes of the	HEND	No
C 31-7-9-1, Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the count of the person applies for a marriage license under IC 31-7-9 commits a cleas of belony. MALE APPLICANT	HEND	County File
A person who knowingly furnishes faste information to a clerk of the control count who the person applies for a marriage license under IC 31-73 commits a clies to Peticing. MALE APPLICANT The person of Physician Statistics of the person applies for a marriage license under IC 31-73 commits a clies to Peticing. The person of the person applies for a marriage license under IC 31-73 commits a clies to Peticing. The person of the person applies for a marriage license under IC 31-74 commits a clies to Peticing and the peticing a		Date of Application
The state of the property of the control of the	A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No, Medical Examination or Report Dated 2-11-93
The state of the control of the cont	MALE ADDITIONAL	
The action case of large parts with the grant of the control to the parts of the parts of the control to the parts of the parts		
The analysis of the control of the c	Date of Birth Month Day Year	Date of Birth Mood Pay Pakerson
The activation of the process from the control of the process from the p	Place of Birth (State or foreign country)	
The former than the processor of the pro	Residency Address A Street or R.R. City Copyry State	Residence-Apidress State or R.R. City of County Serie
Les trains and any internation to the proper frame of the proper f	70 Day 61 amo, In.	TR2 By 88A Closedale, In
The processor frame you need been endurged to be of unsuand most to all an end of the processor of the proce		Previous Marital Status: Never Married OR No. of Previous Marriages
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If steres in "yes" has the adjustation bean removed? And per particular to here as applicate chara according to the period of t	Date of birth verified by: Birth Certificate Super (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Cather (Specify) In. Sic.
If severe is "yes" has the adjustation been recovered to the control of the contr		
2. An any now worker the informace of an advance between process of the control o	= / = = = = = = = = = = = = = = = = = =	
3. Any part or window the uniformed and according company and present the state of the according company and present c		
Let the full name of any dependent children. 10 (1) Full name of application from the Public Annual State of the State of		
It is fail name of applicant's tumer. Melaboran Rabbert Milette (i) Sadrage that the little coverage contents only. Readware of tume if deceased, on some Delegated Birthopies of tumer (littles coverage coverage) (ii) Radiance of tumer if coverage coverage. (iii) Radiance of tumer if coverage coverage coverage in the section of the coverage coverage. (iii) Radiance of tumer if coverage of tumer in the coverage of the coverage of the coverage of tumer in the coverage of the coverage of the coverage of tumer in the coverage of the coverage of tumer in the section of tumer in the section of the coverage of tumer in the section of tumer in the section of tumer in the section of the coverage of tumer in the section of tumer in the section of		4. Are you now under the influence of a narcotic drug?
discopere, dei adoptive peretta civi). The adoptive of them of the coasest, co sease. The restorce of them of the coasest, co sease. The restorce of them of the coasest, co sease. The destruct of a storce peretta civil. The destruct of the storce peretta civil. The destruct of a storce peretta civil. The destruct of a storce peretta civil. The destruct of the storce perital civil peretta civil. The destruct of the storce perital civil peretta civil perital civ	List the full names of any dependent children.	List the full names of any dependent children.
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(If adopted, the adoptive parents only). Presidence of mother (Glase or townge country). Presidence or mother (Glase or townge	W 11. DD.	
Birthplace of mother (I docessed, so state) ACHONOMIEDGMENT actinowinedge that I have received information regarding dangerous communicable diseases at we searchly transmitted, and a list of the test lists for the virus that causes ADS (acquired mother diseases) are searchly transmitted, and a list of the test lists for the virus that causes ADS (acquired mother diseases) partiture of Applicant Task objected to verifying by cash or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by cash or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by cash or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by cash or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above activonologisment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signatu		
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acknowledgment because of religious beliefs. Clerk of Court Date Date Date Date	ignature of Applicant Saac. A White S. Date 2-19-73	Signature of Applicant Holly Yours Date 2-19-93
Signed Address Support County of MENDRICKS Signed Address Support me this 12 day of 12 day	cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
County of HENDRICKS Signed ADMINE SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIGNED SIG	tate of Indiana) I swear/affirm that the information given	State of Indiana
New Address Ad	ounty of HENDRICKS ss: on this application is true and correct.	HENDRICUS SS:
County becribed and sworn to before me this 12		
Clerk of the HENDRICKS Clicult Court Clerk of the HENDRICKS Clicult Court Consent of the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary atte of Indiana atter of Indiana ther t	bscribed and sworn be before me this day of	
we, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary the of Indiana	Clerk of the HENDRICKS Circuit Court	/V. T. UENDRIGUE
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary the of indiana In the parent unnecessary 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 We, the parents of 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 We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts which make the consent of the other parent unnecessary State facts w	INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENT OR GUARDIAN
state facts which make the consent of the other parent unnecessary the of Indiana		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
County of HENDRICKS SS: County of HENDRICKS SS: County of HENDRICKS SS: County of HENDRICKS Father Subscribed and sworn to before me this day of 19 County Office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County New ritten order issued 15 AAC HARMAN WHITT, SR. COUNTY TOWN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Subscribed and sworn to before me this day of 19 County Office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS COUNTY NOSE JOHNSON CHARLES E. LINTON CHARLES INDIANAPOLIS MARION COUNTY INDIAN	te facts which make the consent of the other parent unnecessary	
County of HENDRICKS Settler ID # Subscribed and sworn to before me this OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County County Of HENDRICKS Subscribed and sworn to before me this OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Order issued RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE Certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, I SAAC HARMAN WHITT, SR. OCHARLES E. LINTON (name), certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 20, 1993 ate), at INDIANAPOLIS in MARION County, Indiana, (state), and COULLY ROSE JOHNSON OF PUTNAM County IN (state) were married by me as authorized		State of Indiana
And ther	unty of HENDRICKS	County of HENDRICKS ss:
County		
DMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County		
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, authorizing the marriage of LISAAC HARMAN WHITT, SR. TOLLY ROSE JOHNSON CHARLES E. LINTON CHARLES E. LINTON TOLICATE TOLICATE (name), certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 20, 1993 TOLICATE (name), certify that on MARION County, Indiana, I	Clerk	Clerk
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, authorizing the marriage of LISAAC HARMAN WHITT, SR. TOLLY ROSE JOHNSON CHARLES E. LINTON CHARLES E. LINTON TOLICATE TOLICATE (name), certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 20, 1993 TOLICATE (name), certify that on MARION County, Indiana, I	OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	marriage license having been refused to the above pared parties the
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	County	Court, by written order issued
certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	nd filed in, authorize	s and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	RETURN OF MARRIAGE LICENSE	E AND MARRIAGE CERTIFICATE
SAAC HARMAN WHITT, SR. STANCE STA	certify that there was filed in my office a marriage license issued by the Cler	rk of the Circuit Court of HENDRICKS County Indiana
CHARLES E. LINTON Tate), atINDIANAPOLIS ISAAC HARMAN WHITT, SR. ofHENDRICKSCountyIN(state), and DOLLY ROSE JOHNSONofPUTNAMCountyIN(state) were married by me as authorized	nted, authorizing the marriage of	ISAAC HARMAN WHITT, SR.
late), at INDIANAPOLIS in MARION County, Indiana, ISAAC HARMAN WHITT, SR. of HENDRICKS County IN (state), and OOLLY ROSE JOHNSON of PUTNAM County IN (state) were married by me as authorized	CHARLES E. LINTON	I juriner certify that the following marriage certificate was filed in my office: [name] certify that on FEBRUARY 20 , 1993
OOLLY ROSE JOHNSON of PUTNAM County IN (state), and	ate), at INDIANAPOLIS	in MARION County, Indiana,
County (state) were married by me as authorized	DOLLY ROSE JOHNSON C DUENAM	County IN (state), and
Thinly indiana and a so you	nder a marriage license that was issued by the Clerk of the Circuit Court of	state) were married by me as authorized
gned by:/s/ CHARLES E. LINTON	gned by: /s/ CHARLES E. LINTON	

_Clerk Circuit Court

HEND	No. 61
HEND	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 🗆 Yes 🗡 If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Pirst Middle PLast	Name Print Middle Lasty Lasty
Date of Birth Day 1 Year 47	Date of Birth Day 6 Year 36
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address 2 2 Street or R.R. D City County Of State 10	Residence Address B Street or R.R. J. A. Dourny D. State D. O.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1990
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Cother (Specify) DA. Line
Will Over	
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
	1 2 0:
6. (a) Full name of applicant's father Rabert Harald Pierce	6. (a) Full name of applicant's father Henry Byron Priest
(If adopted, list adoptive parents only) Residence of father (if deceased so state) Alcused	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Aio	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Kattlerine Krubhison	(b) Full maiden name of applicant's mother Blanck Mae Connor
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) **Dellared**
Residence of mother (if deceased, so state) New Castle, In. Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 2-19-93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Lagrand Lagrand Date 2-19-9
Signature of Applicant Signature of Applicant Date 2 11 12	Signature of Applicant Date J-11
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs. Clerk of Court Date
Clerk of Court Date	Cierx of Court
State of Indiana County of HENDRICKS Signed Roger Delle Piece New Address SH Me	State of Indiana County of HENDRICKS Signed Aggina C. Hammond New Address State of Indiana I swear/affirm that the information given in this application is true and correct.
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this Gay of Jeb 19 34 93 Chance Garden Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) HENDRICKS SS:
County of HENDRICKS Father ID #	County of HENDRICKS 55:
Mother	Mother
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued tes and directs the issuance of a marriage license to the above named parties.
A STATE OF THE PARTY OF THE PAR	
I certify that there was filed in my office a marriage license issued by the Cl dated, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County, Indiana, ROGER DALE PIERCE
and REGINA CATHERINE HAMMOND MARK C. MATHIS	I further certify that the following marriage certificate was filed in my office: (name), certify that onFEBRUARY 27, 1993
(date), at INDIANAPOLIS	_ in MARION County, Indiana,
ROGER DALE PIERCE of HENDRICKS EGINE CATHERINE HAMMOND of HENDRICKS Co	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	(state) were married by me as damorized

3-3-93

_County, Indiana, dated _

(date).

(official designation)

_ Clerk Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/5/ MARK C. MATHIS

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

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician M Fraham IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Herbstrei Mooresville Freenwood Never Married Never Married OR No. of Previous Marriages Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No [ver is "yes," has the adjudication been removed? Yes 🗌 No 🗌 Yes 🔲 If answer is "yes," has the adjudication been removed? No Yes 🔲 NoB Yes 🔲 Are you now under the influence of an alcoholic beverage? No D Yes 🗌 No D Yes 🔲 Are you now under the influence of a narcotic drug? No X Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Full name of applicant's father Engene Fredrick Herbstreit Ir (a) Full name of applicant's father John W. Residence of father (if deceased, so state) Woresville HO Birthplace of father (State or foreign country) Residence of mother (if deceased, so state) TOUTES VILLE TO Birthplace of mother (State or foreign country) OH ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court _ Clerk of Court State of Indiana Subscribed and sworn to before me this Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary _ HENDRICKS HENDRICKS County of ____ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County ___ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of 2-22-93 WILLIAM M. CARTE , authorizing the marriage of _ and CHRISTINA E. HERBSTREIT . I further certify that the following marriage certificate was filed in my office: I, REV. MARK MACWHORTER _ (name), certify that on _ MARCH 13, 1993 (date), at MOORESVILLE _in ____MORGAN ____ County, Indiana,_ WILLIAM MATTHEW CARTE MORGAN __(state), and _ HENDRICKS County_ CHRISTINA E. HERBSTREIT of (state) were married by me as authorized HENDRICKS

County, Indiana, dated 3-13-93

Circuit Court

_ (official designation)

MINISTER

3-16-93

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

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

Signed by: /s/ REV. MARK MACWHORTER

APPLICATION FOR N	
HEND	No
	2-23-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 2-23-93 Name of Physician No Stegenseller M.S.
MALE APPLICANT	FEMALE APPLICANT
Name Series Middle	Name Prings Middle Last A
Date of Birth Month 4 Day 4 Year 4 9	Date of Birth Day Year 7
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Steep or R.R. City / County State	Residence Address Street or R.R. City County A State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date 1992
Date of birth verified by: Birth Certificate Cather (Specify)	Date of birth verified by: Birth Certificate Author (Specify)
- F Mi. ove.	
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes es
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Alere Lynchett 201	List the full names of any dependent children. Lena Mundt 17 yrs.
Caris mathan Duckett Biss	George Mundt 13 pps.
6. (a) Full name of applicant's father Sonald Lewis Duckett	6. (a) Full name of applicant's father Algin Duane Guck
(If adopted, list adoptive parents only) We acked to the	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Tarraine Stanton	(b) Full maiden name of applicant's mother Margie Katherine Say
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Richmond, On.	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Occase
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant Date	Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS A in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address 30 SCRUPBAN DR DANVILLE	Signed Ally A' Millert
Subscribed and sworn to below me this 23 day of 1993	Subscribed and sworn to before me this 231d day of £1b, 19 93
Conside Lawson Clerk of the HENDRICKS Circuit Court	Cornil Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) State of Indiana) SS:
County of HENDRICKS	County of HENDRICKS ss:
Father ID # Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
DETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-23-93, authorizing the marriage of	STEVEN WAYNE DUCKETT
and RETHA KAY ROBERTS CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that on FEBRUARY 23, 1993
(date), atDANVILLE	in HENDRICKS County, Indiana,
RETHA KAY ROBERTS of HENDRICKS Co	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 2-23-93
Signed by: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	2-23-93 (date).

_ Clerk Circuit Court

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS 2-25-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No Z A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 600 Annulment Divorce Death Divorce Death Annulment Last Marriage Ended By Birth Certificate Date of birth verified by: Birth Certificate No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 r is "yes," has the adjudication been removed? No . Yes 🔲 Yes 🗌 No related to the female applicant closer than second cousin? Yes 🗌 ou related to the male applicant closer than second cousin? Yes 🗌 NoD Yes 🗌 Yes 🔲 Yes 🗌 Yes 🗌 **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana r/affirm that the information given State of Indiana HENDRICKS HENDRICKS Signed oscribed and sworn to before me this 25 HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary ____ HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ _____, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I, CYNTHIA J. SPENCE (date), at DANVILLE LARRY LEE OSBORN _ County ____ IN HENDRICKS __(state), and _ under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 3-3-93

Signed by: /s/ CYNTHIA J. SPENCE , STEEL 1ST DEPUTY CLERK (official designation) FAITH MARIE WOOD HENDRICKS Filed and recorded in accordance with the laws of the State of Indiana on_

3-3-93

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

73

____ Clerk _Circuit Court

<u>HEND</u>	PRICKS County File
	2-26-93
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes 🗆
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated 2-9-15
circuit court when the person applies for a marriage license under	Name of Physician
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name A First A Middle . Oast 00	Name Pirst + Middle Attist
Date of Birth Month Day Year	Date of Birth Month Day Year
1/ 27 58	11 28 58
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. / City County State	Residence Address Street or R.R. 10 City 22 County 14 Supe
5656 D Shelby Dl., Indianapalls In	TER & Day 186 (33 Mushana
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1983	Last Marriage Ended By: Death Divorce Annulment Date 1987
- V (& D	- + N. D. 1101
Date of birth verified by: Birth Certificate Other (Specify) In Sic.	Date of birth verified by: Birth Certificate Sother (Specify) T. F.C.
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Ves
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children
Bernard Daniel Cissell 17 yrs.	Sara Judan Praison 9 year
21.40:11	grean Drueson ?"
6. (a) Full name of applicant's father Total Custell	6. (a) Full name of applicant's father William Links
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Danna Clark	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Bettly Farr
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother / Occupy / Tank (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indeeds. In.	Residence of mother (if deceased, so state) Pittsbara In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the mus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome Months 2 / La juran 2 12-03
Signature of Applicant Date 2 - 857	Signature of Applicant Date Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	County of HENDRICKS ss:
Signed Si	Signed Market a. Navy
New Address RR 2 180x 185C3 3 17773600 TD	New Address SHME
Subscribed and sworn to before me this 26 day of 3ch . 19 93	Subscribed and sworn to before me this 26 th day of Feb., 19 7.3
Correl Lewson Clerk of the HENDRICKS Circuit Court	Cranic Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS PARENTS OF CHIEFFAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We the parents of this applicant, hereby give consent for this marriage. If only one parents sizes
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	The same passes of the same pass
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above and anti-
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana,
dated 2-26-93, authorizing the marriage of	GLEN PATRICK CISSELL
and MARTHA ANNE DAVISON	I further certify that the following marriage certificate was filed in my office:
I, DR. ANDREW P. CROWLEY	(name), certify that onMARCH 20, 1993
(date), at SPEEDWAY GLEN PATRICK CISSELL of MARION	in MARION County, Indiana,
MADELLA ANNE DAVICON	County IN (state), and
	(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ DR. ANDREW P. CROWLEY	CENTOR MINITORNE
Filed and recorded in accordance with the laws of the State of Indiana on	3-23-93 (date) (official designation)

Last Marriage Ended By:

Clerk of Court

and filed in_

New Address 1018

Never Married

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No X If No, Medical Examination of Report Dated, A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician Kenneth IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Birth Certificate Other (Specify) No Yes 🗆 No Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 If answer is "yes," has the adjudication been removed? No / Yes No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No Yes 🔲 NOT Yes 🗌 ow under the influence of an alcoholic beverage? No Yes 🗌 No P Yes 🗌 NoV Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? Yes 🔲 List the full names of any dependent children Birthplace of mother (State or foreign country) ACKNOWLEDGMENT ACKNOWLEDGMENT 1 acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired COOK Date 3-1-93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given Branen Larleside Plainfield 24 New Address _1018 lainfield In. CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _____3-1-93 ____, authorizing the marriage of _____DEREK_LEE_BRANUM_ and _ JENNIFER LEE COOK _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on MARCH 13, 1993

__ (date).

_ County, Indiana,_

(state), and _

County, Indiana, dated ____

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

HENDRICKS

County __

_ County __

IN

IN HENDRICKS

PASTOR

HENDRICKS

HENDRICKS

I, REV. JOHN C. PARSLEY

Signed by: /s/ REV. JOHN C. PARSLEY

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

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

(date), at PLAINFIELD

DEREK LEE BRANUM

JENNIFER LEE COOK

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Female Applicant 50

No 🗡

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 2-17-19 Name of Physician Notenbush, M.B.
MALE APPLICANT	FEMALE APPLICANT
Name Cliffard Haipe Alley J. Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Lakewood Street or R.R. Street or R.R. City Dr. Cordnity State 1031 Lakewood OR No. of Previous Marriages	Name Place of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Previous Marital Status: Never Married OR No. of Previous Marriages North Model Last Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 1987	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Cother (Specify) Wn. Lie.	Date of birth verified by: Birth Certificate Cother (Specify) & Lic
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
6. (a) Full name of applicant's father Cliffard Wayne Alley (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 Bluerly L. Phopper (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 Pahert M. Paquix (If adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother Barbara & Physical Residence of mother (if deceased, so state) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (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). Date 3-2-73	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3-0-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this 2 md day of Mulch 19 43 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Indiana New Address Subscribed and sworn to parlore me this 2nd day of Much 19 93 HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana) ss: County of HENDRICKS) Ss: Father
Clerk	Subscribed and sworn to before me this day of, 19 Clerk
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, CLIFFORD WAYNE ALLEY, JR. — . I further certify that the following marriage certificate was filed in my office:
, JAY A. MORRISON	(name), certify that on MARCH 6, 1993
CLIFFORD WAYNE ALLEY, JR. of HENDRICKS	in MARION County, Indiana, County IN (state), and
THISTER FEE DECITES	untyIN (state) were married by me as authorized
Signed by: /s/ JAY A. MORRISON	
Filed and recorded in accordance with the laws of the State of Indiana on	and I am in L
NOVE FORMS - SYSTEMS - AND MINARING 1477	Signed Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

CATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

3.2-93

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

Female Applicant 50	No Th	Yes 🗆	
If No. Medical Exam	ination or Report	Dated	
If No, Medical Exam Name of Physician _	Stafford 7	E Wed.	tenter

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Day Year	Date of Birth Morth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street of R.R. City County State	Mexica Vity
1814 Beechwood Dr. PIfd.	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Q Other (Specify) Dr. Lio.	Date of birth verified by: Birth Certificate Other (Specify)
	Some of the state
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	
If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
Haytham Maleh, Adam Moleh	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Haytham Malch	6. (a) Full name of applicant's father Roberto Gareig
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Danaska	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) Birthplace of father (State or foreign country) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state) Mexico Ceba Birthplace of father (State or foreign country) Mexico
(b) Full maiden name of applicant's mother Badrich Rath Katib	(b) Full maiden name of applicant's mother Lauisa Molina
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Wexico lity
Birthplace of mother (State or foreign country) Damascus	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Aday of 19 Subscribed and sworn to before me this 49 of 19	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Father ID # Mother Subscribed and sworn to before me this day of 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
(date), atDANVILLE	erk of the Circuit Court of HENDRICKS County Indiana
MADCELA M CADCIA	County (state), and
MARCELA M. GARCIA of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	inty IN (state) were married by me as authorized
Signed by: /5/ CINTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-2-93 (date).
	1
	signed Cornie James Clerk
BOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Use 15 No, Medical Examination or Report Dated 3-2-93 Name of Physician 101. Nash M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country)	Name Stephanie Middle and Benton Date of Birth (State or foreign country) Place of Birth (State or foreign country) A discontinuous Middle and Benton Place of Birth (State or foreign country)
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annuilment Date	Residence Address R 2 Street or R.R. 465 C County Legisland. Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Death Certificate Other (Specify)	Last Marriage Ended By: Death Divorce Annulment Date Date of birth verified by: Seith Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)	6. (a) Full name of applicant's father Thursdall Ray Politics (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minimum deficiency syndrome). Acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minimum deficiency syndrome). Acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minimum deficiency syndrome). Acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minimum deficiency syndrome). Acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minimum deficiency syndrome). Acknowledge that I have received information regarding dangerous communicable diseases.	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Linh Bunton Date 3/2/93
The above applicant has objected to verifying by oath or affirmation or signature to the above toknowledgment 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 Sountly of HENDRICKS Signed Hendricks New Address Subscribed and sworn to before me this 2 day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Gliphand Chan Bunton New Address 952 Inlution CFN Apt, D Planfilla, IN 44 Supscribed and sworn to Before me this 2 day of March, 19 93 Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
itate of Indiana) Sounty of HENDRICKS SS:	State of Indiana) ss: County of HENDRICKS) Ss:
Nother ID # ibbscribed and sworn to before me this day of , 19 Clerk	MotherID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Cle	rk of the Circuit Court of HENDRICKS County Indiana
ated3-2-93, authorizing the marriage of ndSTEPHANIE ANN BENTON /s/ KURT B. ALEXANDER	DENNIS LEROY MIDDLETON II _ I further certify that the following marriage certificate was filed in my office: (name), certify that on MARCH 13, 1993
DENNIS LEROY MIDDLETON IL	_ inHENDRICKS
nder a marriage license that was issued by the Clerk of the Circuit Court of igned by:/S/ KURT B. ALEXANDER Tiled and recorded in accordance with the laws of the State of Indiana on	_ , ORDAINED MINISTER (official designation)
	igned Cornie Lawson Clerk

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

<u>HEND</u>	RICKS County File
C 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes 🗆 2 2 2 2
A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 3-3-93 Name of Physician Abert Physician
MALE APPLICANT	FEMALE APPLICANT
June June Levingston Sickles	II Donna Louise Buchanan
late of Birth Day Year 69	Place of Birth (State or foreign country) Day Day Place of Birth (State or foreign country)
lace of Birth (State or foreign country) State or R.R. City Koupty State 1	Residence Address Street or R.R. City County State
409 W mell St. Danvelle, In.	409 W mell St. Donaelle, In.
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1992
ate of birth verified by: Sirth Certificate Souther (Specify) M. The	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	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
List the full names of any dependent children.	5. List the full names of any dependent children.
	Jessicardigna Bucharan 31ps.
(a) Full name of applicant's father ening Living Living to Scilles	6. (a) Full name of applicant's father Benjamen Karty
(If adopted, list adoptive parefols only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only). Residence of father (if deceased, so state).
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Nama Lee Mitchel	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and the private Shift
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Calculatail	Residence of mother (if deceased, so state) Shippers.,
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
gnature of Applicant Author J Date 3/3/93	Signature of Applicant Sonna Lauchanan Date 3/3/9
he above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
tate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
ounty of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct. Signed a rounce & Buchanar
New Address SAME AS ABOVE	New Address Dame as allow
baselibed and sworn to before me this 314 day of March , 1993 Counterfaces Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 3rd day of March , 19 93 Connic Juran Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN /e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
tate of Indiana) ounty ofHENDRICKS	State of Indiana) County of HENDRICKS ss:
ather ID #	Father ID #
other ID #	Mother ID # Subscribed and sworn to before me this day of , 19 Cleater
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	a marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cleated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana,
nd DONNA LOUISE BUCHANAN	I further certify that the following marriage certificate was filed in my office:
WENDELL M. MOTT date), atDANVILLE	in HENDRICKS County, Indiana,
Y LIVINGSTON SICKLES II of HENDRICKS	County IN (state), and
DONNA LOUISE BUCHANAN of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	unty IN (state) were married by me as authorized HENDRICKS County, Indiana, dated 3-3-93
igned by: /s/ WENDELL MORRIS MOTT	, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-10-93 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

Health under Authority of IC 31-7-3 APPLICATION FOR I	MARRIAGE LICENSE
HEND.	County Tile
	3-3-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 2-19-93 If No, Medical Examination of Report Dated 2-19-93 Name of Physician Rick Setter M.D.
MALE APPLICANT	FEMALE APPLICANT
Name To First A Middle, A B Lash. 4	Name / First / Middle - Ust 4
Date of Birth Month Q Day Year , 7	Date of Birth Month Day 7 Year 7 Sear
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residently Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Poky 38 amo, In.	PO Bet 38 ama Ja 46103
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married A.D.B. No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Déath Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □	Are you now or have you ever been adjudged to be of unsound mind? Yes □ If answer is "yes," has the adjudication been removed? No □ Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No□ Yes □	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
	Brett Cax 3 yrs.
6. (a) Full name of applicant's father Clarence William Bristan	6. (a) Full name of applicant's father Larry Claude Raberts
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Um, In.	Residence of father (if deceased, so state) Fiftnare, Jr.
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Marian Joan Calling	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Velsus and Dance
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Sucreatle, In Birthplace of mother (State or foreign country) Yest Da,
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome). Signature of Applicant ModR. D. Buston Date 3-3-93	immune deficiency syndrome). Signature of Applicant Cr Oo Police Date 3-3-9-
Signature of Applicant That D. Date 3.5 73	Signature of Applicant Date O Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) \ \ \ \ \ \ I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
New Address SAME AS above.	New Address School
Subscribed and sworn to before me this 311 day of Much, 19 93	Subscribed and sworn to before me this 3 th day of Nach, 19 93
Circuit Court Clerk of the HENDRICKS Circuit Court	Crimic Jawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, 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 lacts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana)
County of RENDRICKS) Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana.
dated 3-3-93 , authorizing the marriage of	MARK DANIEL BRISTOW
and CARLA ANN ROBERTS I, CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that onMARCH 3 , 1993
(date), atDANVILLE	_ in HENDRICKS County, Indiana,
ALDES SIN DODESHIE	County IN (state), and IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-3-93
Signed by: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)

Circuit Court

STATE OF INDIANA

APPLICATION FOR	No
HEND.	ORICKS County File
	3-4-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 198 If No, Medical Examination or Report Dated 2-18-98 Name of Physician Truck Richards, M.D.
MALE APPLICANT	FEMALE APPLICANT
Name N' First & Middley Clast to a star a series	Name Herster Shiddle De and
Date of Birth Month Day Year S5	Date of Birth Month Day 3 Year 5 2
Place of Birth (State or foreign country) Madison S. Dakota	Place of Birth (State or foreign country) Harthard Ct.
Residence Address Street or R.R. Street or R.R. Street or R.R. State Street or R.R. Street or R.R. State Street or R.R. Street	Residence Address # 1 Street of R.R. 288-B Fittsburgen
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Street (Specify) Drivers (CCNS)	Date of birth verified by: Birth Certificate Souther (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Merate Elton Gastineau (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Freston SD (b) Full maiden name of applicant's mother Elso Ruth Hufford (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Sance As Above Birthplace of mother (if deceased, so state) Sance As Above Birthplace of mother (State or foreign country) Disports ACKNOWLEDGMENT	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Allum Samuel Orley (If adopted, list adoptive parents only) Residence of father (If deceased, so state) Birthplace of father (State or foreign country) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3-5-93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a liet of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3/4/93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signe	State of Indiana County of HENDRICKS Signed In this application is true and correct. Signed Save as above. Subscribed and sworn to before me this day of March 1993 Circuit County of HENDRICKS Circuit Ci
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
	A marriage license having been refused to the above named parties, the
and filed in, authorize	Court, by written order issued
	THE DESCRIPTION OF THE PROPERTY OF THE PROPERT
	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County Indiana
dated 3-5-93, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, KIM ELTON GASTINEAU
I. DAVID L. JOHNSON	I further certify that the following marriage certificate was filed in my office: (name), certify that onMARCH 6, 1993
(date), atCLERMONT KIM ELTON GASTINEAU of MARION	in MARION County, Indiana,
WENDY SHARON AREGOOD of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ DAVID L. JOHNSON Filed and recorded in accordance with the laws of the State of Indiana on	HENDRICKS County, Indiana, dated 3-6-93 MINISTER (official designation) 3-9-93 (date).

Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

81

Circuit Court

HEND.	PRICKS County File
	3 - 5 -9 3 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No S Yes If No, Medical Examination or Report Dated Name of Physician Manuardo
MALE APPLICANT	FEMALE APPLICANT
Name Robert Eugene Stanton	Name Argaba Dawn Carter
Date of Birth Month Day Year	Date of Birth Day Year
Place of Birth (State or foreign country) Breencastie IN	Place of Birth (State or foreign country) Danville IN
Residence Address Broadway St. PO Box 144 leates ville IN	Residence Address Street or R.R. City County State Rt Box 266 Starton IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Certificate Other (Specify)	Date of birth verified by: Seirth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ⋈, Yes □
Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐ Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 7. No 1. Yes 1. The full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Yes
	CONTROL OF THE PARTY OF THE PAR
6. (a) Full name of applicant's father Tracy Luke Stanton	6. (a) Full name of applicant's father 1
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Pallas H. Carter
Residence of father (if deceased, so state) Deceased	Residence of father (if deceased, so state) Moties ville, Th
(b) Full maiden name of applicant's mother Veda Fane Allee	Birthplace of father (State or foreign country) VH (b) Full maiden name of applicant's mother Jane, Marie Hadshire
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Jane, It and Modshire (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Latesville, In	Residence of mother (if deceased, so state) Layton D
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable disease:
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant X Robert C. Marylon Date 3-5-93	Signature of Applicant * Angela D. Carter Date 3-5-9.
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
State of Indiana) I swear/affirm that the information given County of HENDRICKS SS: in this application is true and correct.	State of Indiana Swear/affirm that the information giver County of HENDRICKS in this application is true and correct
Signed X tolest C. Hands	Signed Xargela D. Carton
New Address 33 Breaking St. Control Subscribed and sworn to before me this 5 day of Montel 48 93	Subscribed and sworn to before me this 5 day of March, 19 93
Towns Tours Clerk of the HENDRICKS Circuit Court	Lanne Jawis Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN)
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana	
County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Clerk	Gueschibed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	
RETURN OF MARRIAGE LICENSI I certify that there was filed in my office a marriage license issued by the Cle	
dated, authorizing the marriage of	ROBERT E. STANTON
andANGELA D. CARTER	I further certify that the following marriage certificate was filed in my office:
(date), at PLAINFIELD	in HENDRICKS County, Indiana,
ROBERT E. STANTON of HENDRICKS	County IN (state), and
ARCHINA D. CARTER OJ HENDRICKS COM	(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ KEITH H. KIRK	County, Indiana, dated 3-5-93 , MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	3-15-93 (date).

____ Clerk
Circuit Court

Form Prescribed By Indiana State Board of Health under Authority

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ DR. Tom Greist IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Annulment Ng Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 er is "yes," has the adjudication been removed? No 🗆 Yes 🔲 Yes 🗌 ed to the male applicant closer than second cousin? Yes 🗌 Yes 🗌 Yes 🔲 (a) Full name of applicant's father Seph Henry Skare of father (if deceased, so state) SANCE State Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) **ACKNOWLEDGMENT** ACKNOWLEDGMENT have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the al Clerk of Court Clerk of Court State of Indiana day of March, 19 93 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marri COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-5-93 authorizing the marriage of BRIAN CARL SHAW County, Indiana, , authorizing the marriage of _ JOANNE LINN BISHOP . I further certify that the following marriage certificate was filed in my office:

(name), certify that on ____APRIL 24, 1993 REV. WILFRED E. DAY _ (name), certify that on HENDRICKS BROWNSBURG (date), at BROWNSI BRIAN CARL SHAW County, Indiana, MARION IN County _ _(state), and _ JOANNE LINN BISHOP HENDRICKS (state) were married by me as authorized County, Indiana, dated 3-5-93 under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ REV. WILFRED E. DAY HENDRICKS CATHOLIC PRIEST (official designation)

4-30-93

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

83

No.

File_

County

	3-5-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 3-5-93 Name of Physician 44 Fee
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Coleta Middle Cline
Date of Birth Month, Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Prove or R.R. Box 93 January Wind In.	Residence Address N. Street or R.R. City Danuely State On.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 2/9/	Last Marriage Ended By: Death Divorce Annulment Date 2/9/
Date of birth verified by: Birth Certificate Detter (Specify) Diff vers (can's)	Date of birth verified by: Sinth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No Yes □	Are you now or have you ever been adjudged to be of unsound mind? No W Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. Tustin 5, Amber 4	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. No. Yes No. Yes No. Yes No. Yes No. No. Yes No.
11.11.10101	to the Atlanta
6. (a) Full name of applicant's father (Iffold W (Leal)	6. (a) Full name of applicant's father Manklin D. K. Kanakun
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)" Option (b) Full maiden name of applicant's mother Taxely Roxald Cline	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother ROSK Visia Coplers
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Amentous	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) W. Va.
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
	2.2
Signature of Applicant Date 3/5/93	Signature of Applicant Colla M. Vino Date 3-5-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana County of HENDRICKS Signed Signed Superibled and sworn to before me this Glay of March 19 28	State of Indiana County of HENDRICKS Signed Signed Market
Council Salusion_Clerk of the HENDRICKS Circuit Court	COANIE SAUSON*Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 3-5-93, authorizing the marriage of	JOHN W. CLINE
andCOLETA M. CLINE	I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	(name), certify that on MARCH 5, 1993
(date), atDANVILLE	in HENDRICKS County, Indiana,
JOHN W. CLINE of HENDRICKS	County IN (state), and
COLETA M. CLINE of HENDRICKS Co	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 3-5-93
Signed by: /s/ CYNTHIA J. SPENCE	,,
Filed and recorded in accordance with the laws of the State of Indiana on_	3-5-93 (date).
	Con. I
	Signed Clerk
	HÉNDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

File

3-8-93

Date of Application

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

Female Applicant 50 No A Yes
If No, Medical Examination or Report Dated 2-23-93

Name of Physician Dr. Jacks

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last
Date of Birth Morth Day Prear	Date of Birth Day Vear Year
4 29 69	1 4 68
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
8.0. Box 209 Storth Solem, Generales, TV.	-same
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 12-91
Date of birth verified by: Birth Certificate Wither (Specify) Drivers Science	Date of birth verified by: Birth Certificate Wither (Specify) Drivers Sicense
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes I If answer is "yes," has the adjudication been removed? No Yes I
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Kenneth Seslie Treene	6. (a) Full name of applicant's father Sonothan David Heidler
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
	Pa- 0
(b) Full maiden name of applicant's mother the street of the company of the compa	(b) Full maiden name of applicant's mother Charles Sones
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) andrana	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3-8-98	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant ACKNOWLEDGMENT Date 3-8-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date 38 9-3	Clerk of Court Date
State of Indiana County of HENDRICKS Signed College and Science New Address Subscribed and sworn to before me this 8th day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cladated 3-8-93, authorizing the marriage of	SE AND MARRIAGE CERTIFICATE erk of the Circuit Court of HENDRICKS County, Indiana, COREY A. GREENE
and DIANE R. HEIDLER	I further certify that the following marriage certificate was filed in my office:
I, ROLAND PHILLIPS	(name), certify that onMARCH 20, 1993
(date), at NORTH SALEM	in HENDRICKS County, Indiana,
COREY A. GREENE of HENDRICKS DIANE R. HEIDLER of HENDRICKS Co.	County IN (state), and IN (state) were married by me as authorized
	unity State) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ ROLAND PHILLIPS	County, Indiana, dated 5 5 5 5
Filed and recorded in accordance with the laws of the State of Indiana on	, PASTOR (official designation) (date).
- The and recorded in decordance with the days of the state of malana on_	1 (ante).
	Signed Coanie Laws
	Signed Clerk HENDRICKS Circuit Court
BOWNE ENDING & SVETENIS 1,800,389,8779 1477	Circuit Court

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No. ___

HEND	DRICKS County File
	3-8-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 3.8.93 Name of Physician R. F. Hooding M.
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign country) Place of Birth (State or foreign country) Residence Address Street or R.R. City County State Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date 9.9 Date of birth verified by: Birth Certificate Other (Specify) 7. City County State 1. Are you now or have you ever been adjudged to be of unsound mind? No Yes 11 answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 5. List the full names of any dependent children.	Name Comparison Comparison
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father Sittle Grant Gr
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3-6-93	I acknowledge that I have received information regarding dangerous communicable diseases 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 Small Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
Subscribed and sworn to before me this	County of HENDRICKS Signed X W OC WORLD IN this application is true and correct. New Address Subscribed and sworn to before me this day of Warren, 19 93 When Address Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of HENDRICKS County Indiana
I certify that there was filed in my office a marriage license issued by the Cl dated $\frac{3-30-93}{}$, authorizing the marriage of ${}$	TĚRRY L. KETTĚRY
	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 10 , 1993
(date), atINDIANAPOLIS	in MARION County, Indiana,
	County IN (state), and
KATHY M. LOCKWOOD of HENDRICKS Counder a marriage license that was issued by the Clerk of the Circuit Court of	f (state) were married by me as authorized County, Indiana, dated3-30-93
Signed by: /s/ TERESA K. WAINSCOTT	,JUDGE(official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-13-93 (date).

(date).

_ Clerk Circuit Court

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

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

******	DRICKS County File
	County File 3-8-93
	Date of Application
IC 31-7-9-1 Eurniching folco information upon anniving for license	Female Applicant 50 Mark
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No Yes ☐ If No, Medical Examination or Report Dated /- 93
circuit court when the person applies for a marriage license under	Name of Physician Spencer J. Trudgen,
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name Donald William Last skin	Name Phofist & Middle & Last
Date of Birth Month 5 Day 26 Year 52	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address A D Street or R.R. A Cina ACOUNTY State	Residence Address DA Street of R.R. City County Street
117 Sherwood Dr. Danaille A.	1171 Sherwood Dr. Vanaille;
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date 1992	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Author (Specify)
- Fore one	Solid Solid Solid Commons (Specify) N. A.C.
. Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? Not you
If answer is "yes," has the adjudication been removed?	Are you now or have you ever been adjudged to be of unsound mind? No
2. Are you related to the female applicant closer than second cousin?	Are you related to the male applicant closer than second cousin? No Yes
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No. Yes Yes	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father Rechard Raken	6. (a) Full name of applicant's father Stanley Thomas
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (if deceased, so state). Diceased
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Betting for Shular	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Vaccua Charles (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Dangelle, In.	Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) 7cy.
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disea
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome)	I acknowledge that I have received information regarding dangerous communicable diseathat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquirements)
acknowledge that I have received information regarding dangerous communicable diseases not are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deficiency syndrome) Omals W. EaRin Date 3-8-93 ignature of Applicant Double W. EaRin Date 3-8-93 ignature of Applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable disea that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndroms Rhoda Lou Thompson Date 3/8/ The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date
acknowledge that I have received information regarding dangerous communicable diseases and are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date 3-8-93 The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome Rhoda Lou Thompson Date 3/8/ The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana I swear/affirm that the information gives the second of the court of
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome) Sornald W. Eakin Date 3-8-93 ignature of Applicant Bornald W. Eakin Date 3-8-93 inhe above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Lerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Bornald W. Eakin	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). But a signature of Applicant are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Date a signature of Applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Phoda Low Thompson
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome) Sornald W. Eakin Date 3-8-93 ignature of Applicant Bornald W. Eakin Date 3-8-93 inhe above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. Lerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Bornald W. Eakin	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Low Low Thompson Date 3/8/ The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Road Low Thompson New Address Same as above
acknowledge that I have received information regarding dangerous communicable diseases and are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome) On all W. EaRin. Date 3-8-93 ignature of Applicant Donald W. EaRin. Date 3-8-93 inhe above applicant has objected to verifying by oath or affirmation or signature to the above ecknowledgment because of religious beliefs. Lerk of Court Date I swear/affirm that the information given in this application is true and correct. Signed Donald W. Ealin. New Address Same as above day of Naul. 19 73 HENDRICKS Letter of Indiana I is swear, 19 73 HENDRICKS Application is true and correct.	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Signature of Applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Froda For Jhompson New Address Same as above Subscribed and sworn to before me this Same as above HENDRICKS Superior Same as above HENDRICKS Superior Same as above Superior Same as above Superior Same as above HENDRICKS
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired namune deliciency syndrome) Ornald W. EaRin Date 3-8-93 in the above applicant has objected to verifying by oath or affirmation or signature to the above ocknowledgment because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed Dornald W. EaRin Date I swear/affirm that the information given in this application is true and correct. New Address Same as above day of Naul 1973	I acknowledge that I have received information regarding dangerous communicable diseated that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Signature of Applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Froda For Thompson New Address Same as above Subscribed and sworn to before me this Same as above HENDRICKS Support Same as above HENDRICKS Support Same as above HENDRICKS
acknowledge that I have received information regarding dangerous communicable diseases and are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature deficiency syndrome) Date 3-8-93 The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above cknowledgment because of religious beliefs. The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifyi	I acknowledge that I have received information regarding dangerous communicable diseated that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant Signature of Applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed Froda For Thompson New Address Same as above Subscribed and sworn to before me this Same as above HENDRICKS Support Same as above HENDRICKS Support Same as above HENDRICKS
acknowledge that I have received information regarding dangerous communicable diseases had are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Donald W. EaRin Date 3-8-93 ignature of Applicant has objected to verifying by oath or affirmation or signature to the above exhausted production of the above decknowledgment because of religious beliefs. I swear/affirm that the information given in this application is true and correct. Signed Donald W. Ealin Date I swear/affirm that the information given in this application is true and correct. New Address Same as alove day of Naul 1973 HENDRICKS Circuit Court ONSENT OF PARENTS, PARENT, OR GUARDIAN The parents of this applicant, hereby give consent for this marriage. If only one parent signs,	I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant Date 3-8-93 Date 3	I acknowledge that I have received information regarding dangerous communicable diseate that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant
acknowledge that I have received information regarding dangerous communicable diseases had are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). But a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). But a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). But a list of the virus that causes AIDS (acquimmune deficiency syndrome). But a list of the attacknowledgment because of religious beliefs. Clerk of Court Date State of Indiana County of HENDRICKS Signed And A Lou Thompson New Address Same as above Subscribed and sworn to before me this Bar day of March, 19 93 HENDRICKS Circuit C CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature facts which make the consent of the other parent unnecessary
acknowledge that I have received information regarding dangerous communicable diseases not are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant
acknowledge that I have received information regarding dangerous communicable diseases nat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired nature of Applicant	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). The above applicant has objected to verifying by oath or affirmation or signature to the abacknowledgment because of religious beliefs. Clerk of Court State of Indiana County of HENDRICKS Signed Road Sou Thompson New Address Same as above Subscribed and sworn to before me this Box day of March, 19 93 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signature. State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Same Source Same Source Sour
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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

3-9-93

____ Clerk _Circuit Court

circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Philip Batista M.D.
MALE APPLICANT	FEMALE APPLICANT
Name A Birst Oxiddie Usst	Name First on 1 Middle , & Last 11 1
Welliam Darlon Janes	Date of Birth Month Day Year
Date of Birth Month Day 4 Year 66	Date of Dirth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Acousty Stays	Residence Address Street or R.R. City County State
6065 Knollton Rd. Inspla. In.	7165 E 400 D Brownshay In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Nn. Lic.	Date of birth verified by: ABirth Certificate Acther (Specify) A. T.L.
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
	2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes Yes Yes Yes Yes Yes Yes	4. Are you now under the influence of an aiconolic deverage? Note: The influence of an aiconolic deverage? Note: The influence of an aiconolic deverage? Note: The influence of an aiconolic deverage?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
Control of the finance of any depotation condition.	The state of the s
0, 1	
6. (a) Full name of applicant's father Saidon Edward Jane	6. (a) Full name of applicant's father Donald Flancis Paul M
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Straffard programme	Residence of father (if deceased, so state) Drumshung A.
Birthplace of father (State or foreign country) Culture A. Dak.	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother / Margeriel Laurse Miles	mt (b) Full maiden name of applicant's mother Delara Sail Tuck
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
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The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
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State of Indiana State of Indiana County of HENDRICKS Signed New Address Subscribed and sworp to before me this 9th day of Much, 1993	State of Indiana County of HENDRICKS Signed Wallan W WWW New Address LeOLeS Knoulton Rd Dudyls Subscribed and sworn to before me this 9th day of Yhun 19 33
Clerk of Court State of Indiana County of HENDRICKS Signed New Address Date I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Market Description in this application is true and correct. New Address LeOLeS Knoulton Rd Ludysts Leonal State County of Market Description in the information given in this application is true and correct.
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State of Indiana County of HENDRICKS Signed Subscribed and sworth to before me this Glerk of the HENDRICKS Consent of this application is true and correct. Subscribed and sworth to before me this HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Sis: Subscribed and sworn to before me this day of , 19	State of Indiana County of HENDRICKS Signed New Address Clerk of the HENDRICKS Subscribed and sworn to before me this Gircuit County CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 #
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State of Indiana County of HENDRICKS Signed Subscribed and sworth to before me this HENDRICKS Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed S	State of Indiana County of HENDRICKS Signed Could Could Could Indiana Subscribed and sworn to before me this Guern County of HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Could Could Could Indiana County of HENDRICKS Subscribed and sworn to before me this Guardiana State of Indiana County of HENDRICKS Signed Could Could Indiana County of HENDRICKS Signed Could Could Indiana Subscribed and sworn to before me this Guardiana County of HENDRICKS Signed Could Could Indiana Subscribed and sworn to before me this Guardiana County of HENDRICKS Signed Could Could Indiana Subscribed and sworn to before me this Guardiana County of HENDRICKS Signed Could Could Indiana Subscribed and sworn to before me this Guardiana County of HENDRICKS Signed Could Could Indiana Subscribed and sworn to before me this Guardiana County of HENDRICKS Signed Could Indiana Subscribed and sworn to before me this Guardiana County of HENDRICKS Signed Could Indiana Signed
State of Indiana County of HENDRICKS Signed Subscribed and sworth to before me this Clerk of the HENDRICKS Consent of 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 Signed Strue Advisor Signed	State of Indiana County of HENDRICKS Signed Cacles County of HENDRICKS Subscribed and sworn to before me this Government of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary Subscribed and sworn to before me this Government of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk Clerk
State of Indiana County of HENDRICKS Signed Authorized Grand New Address Subscribed and sworn to before me this County of HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Authorized Grand Outhor County of HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of , 19 Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in , authorized	State of Indiana County of HENDRICKS Signed Could Described and sworn to before me this County of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this Aday of Alexa 19 23 Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # 10 # 10 # 10 # 10 # 10 # 10 # 10
State of Indiana County of HENDRICKS Signed Address Subscribed and sworp to before me this MENDRICKS Consent of Parents, Parent, Or Guardian We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Address Subscribed and sworp to before me this MENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Siss: COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in , authorized. RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cleans	State of Indiana County of HENDRICKS Signed County of HENDRICKS Subscribed and sworn to before me this God day of HENDRICKS Circuit Count CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed County of HENDRICKS Subscribed and sworn to before me this God of the other parent unnecessary ID # Clerk To marriage license having been refused to the above named parties, the Count, by written order issued By and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The Circuit Count of HENDRICKS County Indiana County India
State of Indiana County of HENDRICKS Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize Grant In this application is true and correct. Signed Authorize In this application is true and correct In this applicat	State of Indiana County of HENDRICKS Signed Could Described and sworn to before me this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed County of HENDRICKS Signed County of John Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed County of HENDRICKS Signed County of HENDRICKS Subscribed and sworn to before me this day of 19 Clerk The marriage license having been refused to the above named parties, the Court, by written order issued Signed County of 19 Clerk E AND MARRIAGE CERTIFICATE
State of Indiana County of HENDRICKS Signed Authorize Gotton New Address Subscribed and swornto before me this 9th HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Authorize Clerk of the HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 # Clerk COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County and filed in , authorize RETURN OF MARRIAGE LICENSE RETURN OF MARRIAGE LICENSE I certify that there was filed in my office a marriage license issued by the Cledated 3-9-93 and KARA NATALIE DENISE WILSON	State of Indiana County of HENDRICKS Signed Machine Tourism Rod Dudy Subscribed and sworn to before me this pate facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Signed Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Signed Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed Indiana Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed and sworn to before me this Garage Machine Tourism Rod Dudylls Subscribed And Subscribed Tourism Rod Dudylls Subscri
State of Indiana County of HENDRICKS Signed Authorize Sports Subscribed and sworn to before me this Pethon and filed in RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of HENDRICKS Subscribed and sworn to before me this Date of the Marriage license issued by the Cledated 3-9-93 and KARA NATALIE DENISE WILSON In this application is true and correct. In this marriage license issued by the Cledated Authorized Services of Indiana (Indiana Indiana I	State of Indiana County of HENDRICKS Signed LeOLE InnoLLTAR Rd. Pudgills Subscribed and sworn to before me this Ocircuit Court of HENDRICKS State of Indiana COUNTY of HENDRICKS Signed LeOLE InnoLLTAR Rd. Pudgills Subscribed and sworn to before me this Ocircuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for 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 The marriage license having been refused to the above named parties, the Court, by written order issued and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Or of the Circuit Court of HENDRICKS County, Indiana, WILLIAM GORDON JONES I further certify that the following marriage certificate was filed in my office: (name) Certify that on MARCH 11, 1993 MARCH 11, 1993
State of Indiana County of HENDRICKS Signed Address Subscribed and sworn to before me this Pather University of HENDRICKS State of Indiana County of HENDRICKS Signed Address Subscribed and sworn to before me this Pather University of the Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 10 % COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 10 % RETURN OF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county of 1	State of Indiana County of HENDRICKS Signed Care County of HENDRICKS Circuit Count Consent of Parents of by or a parent of the other parent unnecessary Consent of Parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of 19 County of HENDRICKS Subscribed and sworn to before me this day of 19 Citerk In marriage license having been refused to the above named parties, the Count, by written order issued and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE The Circuit Count of HENDRICKS County, Indiana, I further certify that the following marriage certificate was filed in my office: (name), certify that on MARCH 11, 1993 In HENDRICKS County, Indiana, County, Indiana,
State of Indiana County of HENDRICKS Signed	State of Indiana County of HENDRICKS Superibed and sworn to before me this County of HENDRICKS State of Indiana County of HENDRICKS Superibed and sworn to before me this Other parent unnecessary State of Indiana County of HENDRICKS Superibed and sworn to before me this Other parent unnecessary State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS State of Indiana County of HENDRICKS Father ID # Mother ID # Subscribed and sworn to before me this day of Section of the above named parties, the Court, by written order issued and directs the issuance of a marriage license to the above named parties. E AND MARRIAGE CERTIFICATE Or of the Circuit Court of WILLIAM GORDON JONES I further certify that the following marriage certificate was filed in my office: (name), certify that on MARCH 11, 1993 MARCH 11, 1993 MARCH 11, 1993

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STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

HEND.	Outly File
	3-9-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes 1 If No, Medical Examination of Report Dated 3-1-93 Name of Physician My Manuel M.D.
MALE APPLICANT	FEMALE APPLICANT
Name LO First Middle , Last 4	Name Print . Physicia John
Hen Jonathan Matejcek	Date of Birth Month Day Year
late of Birth Month Day 2 5-9	2 4 62
face of Birth (State or foreign country)	Place of Birth (State or foreign country) Orlando 4lao.
esidence Address D. Street og R.R.) And City D. State A D.A. State	Residence Address Soft of RR. Cary Course On State fleak
6552 Crystal Springer, Harrielles.	- Constitution of the control of the
revious Marital Status: Never Married OR No. of Previous Marriages	
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Diate 989
late of birth verified by: Birth Certificate Suther (Specify) S. Lic.	Date of birth verified by: Sirth Certificate Acther (Specify) 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 :	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No Yes
List the full names of any dependent children.	List the full names of any dependent children.
1	
(a) Full name of applicant's father Krnest Harren Matejeck	6. (a) Full name of applicant's father Barry J. Griebler
(If adopted, list adoptive parents only).	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) The Sunge Mighlands	Residence of father (if deceased, so state) Paltimul MP. Bithplace of father (State or foreign country).
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Pernicellon Jouse	Birthplace of father (State or foreign country), (b) Full maiden name of applicant's mother Suc and Janes
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Jakyage Highlands	Ill. Residence of mother (if deceased, so state) Baltimane 7
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Herr York
	ADMINISTRATIVE
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndromes Ze- C : IA
Signature of Applicant Date 3-9-93	Signature of Applicant Court Date 3/9/93
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and correct.
Signed Slanf &cc	Signed from guel
New Address SAME AS ABOVE	New Address Same as above Subscribed and sworn to before me this 9 day of Warch 19 9 3
Subscribed and sworn to before me this 94 day of Much 1993 Cornie Lawson Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 9 day of Warch 19 7 5 Crenic fairem Clerk of the HENDRICKS Circuit Count
CHOICE OUT	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
county of HENDRICKS ss:	County of HENDRICKS Ss:
Father ID #	Father
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	lerk of the Circuit Court of HENDRICKS County, Indiana,
dated, authorizing the marriage of	GLEN JONATHAN MATEJCEK
and ROBIN SHARON GRIEBLER CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office (name), certify that onMARCH_9, 1993
(date), at DANVILLE	in HENDRICKS County, Indiana,
	County IN (state), and
ROBIN SHARON GRIEBLER of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by: /C/ CYNTHIA J. SPENCE	,1ST_DEPUTY_CLERK (official designation) 3-9-93
Filed and recorded in accordance with the laws of the State of Indiana on_	3-9-93 (date).
	Signed Connie Lawson Clerk
	Signed Clerk HENDRICKS Circuit Court
	Circuit Court

of IC 31-7-3	MARRIAGE LICENSE
HEND	DRICKS County File
	3-10-93
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes 2 2 2 2
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination of Report Dated 3-2-93
circuit court when the person applies for a marriage license under	Name of Physician John Flening M.D.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Daiddle Dast	Name First Middle 14 Last 2 . 1
Date of Birth Month Day 27 Year	Date of Birth Month, Day Year Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or A. R. City Courte State	Residence Address Street of R.R. City A County State (
21471- High St., Danviller	214 n Nigh St., Donaille, J.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify) D. Lic.	Date of birth verified by: Birth Certificate Other (Specify) Dr. Le.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ / Yes ☐
2. Are you related to the female applicant closer than second cousin? Not Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes
A. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Harald Derna akers	6. (a) Full name of applicant's father Lewis Dale Jopa
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (If deceased, so state)	Residence of father (if deceased, so state) Segmen, In. Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother legibith an Tree	(b) Full maiden name of applicant's mother and Runse Doct
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
	Charptage of motion (state of loteign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
mmune deficiency syndrome)	immune deficiency syndrome).
Date 3-10-93	Signature of Applicant Day Man Andrew Market Soulo, Date 3-10-13
he above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
cknowledgment because of religious beliefs. Date	acknowledgment because of religious beliefs.
plerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given ss:	State of Indiana) I swear/affirm that the information given
Signed Mechanical M. Aken in this application is true and correct.	County of HENDRICKS in this application is true and correct.
New Address So MA P 05 AD.	New Address 5AA
subscribed and sworn to before me this 10th day of March, 19 13 HENDRICKS Circuit Court	Subscribed and sworn to before me this
Clerk of the Circuit Court	Corne Guerra Clerk of the HENDRICKS Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
te, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
itate of Indiana)	State of Indiana)
county ofHENDRICKS	County of HENDRICKS ss:
ther ID # lother ID #	Father ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County, Indiana
, dunorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
CARL AKARD RILEY	
date), at PLAINFIELD MICHAEL ALAN AKERS of HENDRICKS	_ inHENDRICKS County, Indiana,
DENICE ANNEME BATTEY	County IN (state), and IN (state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-3-93
igned by: /s/ CARL AKARD RILEY	MINISTER (official designation)
iled and recorded in accordance with the laws of the State of Indiana on	4-6-93 (date).
	Signed Connie Lawson Clerk
DYCF FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

Circuit Court

Signed by: /s/ A. GLEN O'DELL

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Z. IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Jones Street or R.R. 511 511 Never Married Never Married OR No. of Previous Marriag Date 6-91 Death Death Date 90' Date of birth verified by: Birth Certificate Dother (Specify) Date of birth verified by: Birth Certificate AOther (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 Yes 🔲 No G 'ves." has the adjudication been removed? Yes 🗌 No 🗆 Yes 🔲 No Z Yes 🗌 Are you related to the male applicant closer than second cousin? Yes 🔲 NoTA Yes 🗌 Yes 🗌 No Yes No X Yes 🔲 Stephen Edward Jones sed, so state) Bedford In Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases acknowledge that I have received information regarding dangerous communicable diseases sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired acknowledgment because of religious beliefs. Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS day of March 19 93 day of March, 19 93 Subscribed and sworn to before me this Subscribed and sworn to before me this HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, dated ____3-10-93 , authorizing the marriage of ____KEVIN P. CASSIDY and STEPHANIE L. JONES . I further certify that the following marriage certificate was filed in my office: I, REV. A. GLEN O'DELL (name), certify that on MARCH 27, 1993 (date), at GREENWOOD
KEVIN P. CASSIDY JOHNSON _ County, Indiana,_ HENDRICKS IN _(state), and _ STEPHANIE L. JONES HENDRICKS County_ ___ (state) were married by me as authorized ______. County, Indiana, dated ______3-10-93_____. of_ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of

MINISTER

3-31-93

(official designation)

Circuit Court

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the If No, Medical Examination of Report Dated circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married OR No. of Pro Last Marriage Ended By Last Marriage Ended By: Date of birth verified by: Birth Certificate NA No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 No 🗆 Yes 🗌 If answer is "yes," has the adjudication been removed? No V Yes 🗌 Yes 🔲 No 1 Are you related to the female applicant closer than second co No V No Yes Yes 🗌 Nov No PO Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases ed information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court I swear/affirm that the information given State of Indiana HENDRICKS in this application is true and correct Signed above Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the __ County ____ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE ELEANOR FAYE ROBINSON

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

(name) certify that on MARCH 20, 1993 I, REV. JOHN C. PARSLEY _ (name), certify that on _ HENDRICKS PLAINFIELD County, Indiana,_ THEODORE MATTHEW PICKERING of_ IN HENDRICKS County _ _(state), and HENDRICKS __ County _ IN ELEANOR FAYE ROBINSON HENDRICKS PASTOR (official designation) 3-23-93 Filed and recorded in accordance with the laws of the State of Indiana on_ _ (date).

THELMA LEONA STINEFIELD of

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Stephen circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Death Last Marriage Ended By: Last Marriage Ended By NoV No Yes No 🗌 Yes 🔲 No Yes No / Yes 🔲 No Yes No D Yes 🗌 No Yes ner (State or foreign country)... mother (State or foreign country)_ **ACKNOWLEDGMENT ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases Stinefuld acknowledgment because of religious beliefs. Clerk of Court Clerk of Court Conne daws Clerk of the Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-12-93, authorizing the marriage of THELMA LEONA STINEFIELD I further certify that the following the marriage of the Circuit Court of JOHN DUANE SMITH __ County, Indiana, . I further certify that the following marriage certificate was filed in my office: in _____ (name), certify that on ___MARCH_19, 1993 I, __CYNTHIA J. SPENCE (date), at DANVILLE HENDRICKS IN JOHN DUANE SMITH _ County ____ ___(state), and _ HENDRICKS _ County __

IN

(date).

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

Signed by: _/s/ CYNTHIA J. SPENCE

HENDRICKS County, Indiana, dated ______

1ST DEPUTY CLERK (official designation)

(state) were married by me as authorized 3-19-93

_ Clerk

(official designation)

93

Circuit Court

No.

HEN.	DRICKS County File
	3.12-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ₺ Yes □
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated Name of Physician Think Holling
o or 7 o commis a class o leichly.	
MALE APPLICANT	FEMALE APPLICANT
Vic Duane Hutchings	Name Janet Marie Barnes Last
Place of Birth Day Year Place of Birth (State or foreign country)	Date of Birth Month Day Year
G.T.	Place of Birth (State or foreign country)
esidence Address Street of R.R. City County State # 2 West Dr. B burg	Residence Address Street or R.R. City County State 2 Deil Dr. B' Lynn ID
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
sst Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 9 - 28 9
ate of birth verified by: Sirth Certificate Other (Specify)	Date of birth verified by: Serificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cours?
Are you now under the influence of an alcoholic beverage?	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of a narcotic drug? No No Yes	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. James Hothany Barnes
(a) Full name of applicant's father Robert Eugene Hutchings (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Albert Eugene Lasley
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (If deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) IN
(b) Full maiden name of applicant's mother Mary Margaret miller	(b) Full maiden name of applicant's mother Martha Mae Hunte
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state). Traps In	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
ACKNOWLEDGMENT	
gnature of Applicant Date 3-/3-93 the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Berk of Court Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Date	Clerk of Court Date
ste of Indiana I swear/affirm that the information given in this application is true and correct. Signed X Auc Discharge in this application is true and correct. New Address	State of Indiana County of HENDRICKS ss: Signed X Onet Marie Las Sey New Address
bscribed and sworn to before me-this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this 12 day of Mann, 19 93 **HENDRICKS** Circuit Court
NSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the parents of this applicant, hereby give consent for this marriage. If only one parent signs, e 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
e of Indiana	
inty of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
ner ID #	FatherID #
oscribed and sworn to before me thisday of19	Mother ID #
scribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
MPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
d filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
ertify that there was filed in my office a marriage license issued by the Cle	erk of the Circuit Court of HENDRICKS County Indiana
ea, authorizing the marriage of	VIC D. HUTCHINGS
JOHN M. NOLAN	I further certify that the following marriage certificate was filed in my office:
te), atJAMESTOWN	mame), certify that on MARCH 20, 1993
VIC D. HUTCHINGS of HENDRICKS	County IN (state) and
ANET MARIE LASLEY of HENDRICKS Couler a marriage license that was issued by the Clark of the Circuit Court	inty (state) were married by me as authorized
ler a marriage license that was issued by the Clerk of the Circuit Court of ned by:/S/ JOHN M. NOLAN	County, Indiana, dated 3-12-93
ed and recorded in accordance with the laws of the State of Indiana on	-, PASTOR (official designation)
	0. 0
S	Signed Corne Lawson Clerk
FORMS • SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

HEND	No. 94
HEND	County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last CC	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Hazel Hilda Schell Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or P.R. City County State	Residence Address Street or R.R. City County State
Box 69 RRI Jamestown IN Boonelo.	The state of the state of the state of
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 5 - 80	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Q Other (Specify) Dr. Lic.	Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes No Ye
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes Yes Yes	Are you related to the male applicant closer than second cousin? No Yes [Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No N Yes [
5. List the full names of any dependent children. Layelynn Drook Osborn	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Martin Jannian Osborn	6. (a) Full name of applicant's father Fonce Wethington
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Deceased	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Compbells of the the the terms of t
Birthplace of father (State or foreign country) TD	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Lula Laughter (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother I arrivic lampbell
Residence of mother (if deceased, so state) Was Fords ville IN	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3/15/93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable disea that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above applicant.
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	
County of HENDRICKS Signed Charles LOwer New Address Same as above	State of Indiana County of HENDRICKS Signed Signed I swear/affirm that the information given in this application is true and corrections.
Subscribed and sworp to before me this	Subscribed and sworn to before me this 15 day of 1 Novel 1993
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Co
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant
State data which make the consent of the other parent uninecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	County of
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me thisday of, 19
· 《 · · · · · · · · · · · · · · · · · ·	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the court, by written order issued
	es and directs the issuance of a marriage license to the above named partie
RETURN OF MARRIAGE LICENSI	
I certify that there was filed in my office a marriage license issued by the Cle dated3-15-93 authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana CHARLES FREDRICK OSBORN
and HAZEL HILDA SCHELL , danierizing the marriage of	. I further certify that the following marriage certificate was filed in my offic
I, ROBERT C. ELLENBERGER	(name), certify that on MARCH 21, 1993
(date), at NEW BRUNSWICK CHARLES FREDRICK OSBORN of BOONE	_ inBOONE County, Indiana, CountyIN (state), and
HAZEL HILDA SCHELL of HENDRICKS Cou	inty IN (state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ ROBERT C. ELLENBERGER	County, Indiana, dated 3-15-93
Filed and recorded in accordance with the laws of the State of Indiana on	

HENDRICKS

Clerk Circuit Court

DANIEL WILLIAM LEAK

CHARLOTTE JEAN HAULK

HENDRICKS

HENDRICKS

under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: ____/S/ REV. M. E. LANE

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

_ County _

Signed

_ County_

IN

HENDRICKS MINISTER _(state), and .

(official designation)

___ (state) were married by me as authorized _______County, Indiana, dated ______3-20-93

Clerk Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗷 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated P. Batista circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Death Annulment Date of birth verified by: Birth Certificate No D Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 1 If answer is "yes," has the adjudication been removed? No 🗆 Yes 🔲 Are you related to the female applicant closer than second cousin? No Yes No Ø Yes 🗌 No Yes Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🔲 Are you now under the influence of a narcotic drug? No Yes **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN ne parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in. , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of _______ DANIEL WILLIAM LEAK HENDRICKS County, Indiana, CHARLOTTE JEAN HAULK . I further certify that the following marriage certificate was filed in my office:

(name), certify that on MARCH 20, 1993 I, REV. M. E. LANE __ (name), certify that on _ HENDRICKS BROWNSBURG County, Indiana,

Circuit Court

No.

County

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

Female Applicant 50 No A IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under Name of Physician _ Blankenharn IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death Date of birth verified by: Birth Certificate No No D Yes 🗌 Yes 🗌 No 🗆 / Yes 🗆 No 🗆 Yes 🔲 No Yes Not Yes 🔲 No Yes No D Yes 🗌 No V Yes 🔲 Yes 🔲 ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases Kenwortle The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs. acknowledgment because of religious beliefs Clerk of Court Clerk of Court State of Indiana State of Indiana I swear/affirm that the information give HENDRICKS HENDRICKS HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _ County _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE dated 3-15-93
and DORENE DEE SANDS I, PERRY ANDERSON (date), at ____MONROVIA _ County, Indiana,_ GERALD JEFFERY KENWORTHY of IN HENDRICKS County _(state), and IN ____ (state) were married by me as authorized ________County, Indiana, dated ________3-20-93 DOREEN DEE SANDS MARION County _ under a marriage license that was issued by the Clerk of the Circuit Court of . HENDRICKS MINISTER Signed by: /s/ PERRY ANDERSON (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ (date).

Signed

HENDRICKS

_ County

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No A Yes 3-15-93 If No, Medical Examination or Report Dated 3-15-93 Name of Physician A. Cohlenour H.D.
	(Dr. Sumners)
MALE APPLICANT	FEMALE APPLICANT
Name Teith Alan Guyer Date of Birth Month Day 6 Place of Birth (State or foreign country) Marion A.	Name Christina Middlenn Last yer Date of Birth Month 3 Place of Birth (State or foreign country) Day 8 Place of Birth (State or foreign country) Devre Naucte In.
Residence Address Street or R.R. City Cought State Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marital Status: Never Married OR No. of Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) Dn. Lic.	Date of birth verified by: Selicth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
6. (a) Full name of applicant's father Jaun Carwin Juyer (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)	6. (a) Full name of applicant's father (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Residence of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the lest sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 3/15/93	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Christina Choyse Date 3-15-93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Kest Signed Holly Hill Dr. TNDPLS. TN. Subscribed and sworn to before me this 15th day of March 19 23 Circuit Court	State of Indiana County of HENDRICKS Signed Christina & Cyer New Address Subscribed and sworn to before me this 15th day of March, 1993 Christian Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of iss: Father ID # ID #
Mother ID #	Mother ID # Subscribed and sworn to before me this day of , 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cle dated, authorizing the marriage of	erk of the Circuit Court of HENDRICKS County, Indiana, KEITH ALAN GUYER
andCHRISTINA LYNN DYER I,HOWARD L. WHITTLESEY (date), atINDIANAPOLIS	I further certify that the following marriage certificate was filed in my office: (name), certify that on APRIL 2, 1993 _ in MARION County, Indiana,
KEITH ALAN GUYER of HENDRICKS CHRISTINA LYNN DYER of MARION COM	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ HOWARD L. WHITTLESEY Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Connie Lawson Clerk HENDRICKS Circuit Court

Circuit Court

TIMOTHY SCOTT WILTERMOOD of

of_

under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: _/s/ REV. JAMES D. CHERRY

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

MISTY LYNN MILLER

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No D A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated, circuit court when the person applies for a marriage license under Name of Physician _ Dr. Black IC 31-7-3 commits a Class D felony. FEMALE APPLICANT MALE APPLICANT Death Divorce Death Divorce Date of birth verified by: Sirth Certificate Other (Specify) Date of birth verified by: Sirth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐ Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 No 🗆 / Yes 🗆 "yes," has the adjudication been removed? No 🗌 Yes 🔲 No Yes Are you related to the male applicant closer than second cousin? Yes 🔲 No Yes now under the influence of an alcoholic beverage? Yes 🗌 No Yes Are you now under the influence of a narcotic drug? Yes 🔲 exce Trance Instatt ce of mother (if deceased, so state) Fillmane In. Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)____ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Signature of Applicant Tins Wilter, nood Signature of Applicant Many T. Miller The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court _ State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS in this application is true and correct. mille Signed Tims Wiltermood Signed Trubty some day of March , 19 93 _ day of March, 19 93 Subscribed and sworn to before me this HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary HENDRICKS Father Occasoal Subscribed and sworn to before me this 16 ct COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-16-93 _ , authorizing the marriage of ___TIMOTHY SCOTT WILTERMOOD and MISTY LYNN MILLER _ . I further certify that the following marriage certificate was filed in my office:

(name), certify that on __MARCH_27, 1993 I. REV. JAMES D. CHERRY (name), certify that on _ PUTNAM GREENCASTLE (date), at _

HENDRICKS

PUTNAM

County, Indiana,_

_(state), and _

(official designation)

awson

HENDRICKS

___ (state) were married by me as authorized County, Indiana, dated 3-16-93

Clerk

Circuit Court

IN

MINISTER

3-30-93

HENDRICKS

County _

_ County _

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

File _

_ County

	Date of Appli	ication
person who knowingly furnishes false information to a clerk of the require court when the person applies for a marriage license under	Female Applicant 50 No Yes If No, Medical Examination or Report Dated 3-Name of Physician David Hadley	15-93
C 31-7-3 commits a Class D felony.		
MALE APPLICANT	FEMALE APPLICANT	
me First P Middle R Logal	Name angela Christine Last	Borer
e of Birth Month / Year B	Date of Birth Month 2 Day 24 Yes	73
ce of Birth (State or foreign country)	Place of Birth (State or foreign country) Greenstee In	1.
sidence Address State of R.R., Cyp Soundy State	Residence Address Street or R.R. Ad. Maarlsaid	elen.
50 1. Aungles In. Trainfield, The Or No. of Previous Marriages	Previous Marital Status Never Married OR No. of Previous Marriages	
□ Assistant □ Date	Last Marriage Ended By: Death Divorce Annulment	Date
Marriage Ended by.	Date of birth verified by: Agirth Certificate Other (Specify)	
te of birth verified by: Birth Certificate Other (Specify)		/
	Are you now or have you ever been adjudged to be of unsound mind?	No Yes
Are you now or have you ever been adjudged to be of unsound mind? Note Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye	Are you now or have you ever been adjudged to be of discount minor. If answer is "yes," has the adjudication been removed?	No 🗆 / Yes 🗆
If answer is "yes," has the adjudication been removed? Are you related to the female applicant closer than second cousin? No Yes	Are you related to the male applicant closer than second cousin?	No Ves 🗆
Are you now under the influence of an alcoholic beverage?	Are you now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage?	No Yes No Yes
Are you now under the influence of a narcotic drug? No ☑ Yes ☐	Are you now under the influence of a narcotic drug? List the full names of any dependent children.	
List the full names of any dependent children.	5. List the full names of any dependent children.	
	- lt D. P.	B. 10
(a) Full name of applicant's father Rahert Harald Kelley &.	6. (a) Full name of applicant's father Supker King	er Nove
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	ille In.
Residence of father (if deceased, so state)	Residence of father (if deceased, so state)	0.
Birthplace of father (State or foreign country)	(b) Full maiden name of applicant's mother Reservan	en She
(b) Full maiden name of applicant's mother Aura D. Maryfall (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	00
Residence of mother (if deceased, so state) Plainfield, In	Residence of mother (if deceased, so state)	vecce,
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
	ACKNOWLEDGMENT	
ACKNOWLEDGMENT acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous co	ommunicable diseases
hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that	causes AIDS (acquired
	immune deficiency syndrome and gula borus	Date 3-17-93
Signature of Applicant Date 3-17-93	Signature of Applicant	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or	signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
Clerk of Court Date	Clerk of Court	Date
State of Indiana) I swear/affirm that the information given	State of indiana	that the information given
County of HENDRICKS ss: // in this application is true and correct.	County of HENDRICKS in this appl	lication is true and correct.
Signed Alaman L. Carrier 1- 922	Signed PARKY IN172 FT 18U	IN. CA 9231
New Address P. D. Box Oly The Lowin (A. 725) Subscribed and sworn to before me this 17th day of March, 19 4.3	New Address T. O. D. T. A. Subscribed and sworn to before me this 17 th day of Man	, 19 93
Subscribed and sworn to before me this day of HENDRICKS Circuit Court	Conne Lawson Clerk of the HENDRICKS	Circuit Court
O. P. L. C.		
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If	only one parent signs.
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, nereby give consent for this manage. It state facts which make the consent of the other parent unnecessary	
state facts which make the consent of the other parent unnecessary	State lates miles miles are consent at a con	
State of Indiana)	State of Indiana) ss:	
County of HENDRICKS ss:	County of HENDRICKS	
Father ID #	Father ID #	
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID # Subscribed and sworn to before me this day of	
Subscribed and sworn to before me thisday of, 19Clerk		Cleri
		amad parties the
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above not court, by written order issued	amed parties, the
and filed in, authori	zes and directs the issuance of a marriage license to the abo	ove named parties.
RETURN OF MARRIAGE LICEN	SE AND MARRIAGE CERTIFICATE Very of the Circuit Court of HENDRICKS	County, Indiana,
I certify that there was filed in my office a marriage license issued by the C dated 3-17-93 authorizing the marriage of	DANNY RAY RILEY	County, matura,
	I further certify that the following marriage certificate wa	s filed in my office
and ANGELA CHRISTINE BOREK EVERETT BARNARD	I further certify that the following marriage certificate wa (name), certify that onMARCH 20, 199	
MOORESVILLE	in MORGAN County, Indiana,	
DANNY RAY RILEY of HENDRICKS	County IN(state), and	
ANGELA CHRISTINE BORER of HENDRICKS C	County IN (state) were married by	me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	ofCounty, mataria, active	10 73
Signed by: /s/ EVERETT BARNARD	, PASTOR (official designation) 3-24-93 (date).	
Filed and recorded in accordance with the laws of the State of Indiana on_	aute)	
	Signed Connie Lowson	Cler
	Signed	Cii- C

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗵 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ Trammel IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married OR No. of Previous Marr Death Last Marriage Ended By: Death Date 1988 Annulment Birth Certificate No Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 NoY Yes 🔲 No 1 Yes 🗌 No 🗆 Yes 🔲 Nov Yes 🗌 No Yes 🔲 No ☑ / Yes □ Nov Yes 🔲 No Yes Yes 🔲 ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous com The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or Clerk of Court Clerk of Court New Address 3603 Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, , authorizing the marriage of ____ SHANDRA RENEE GUNN . I further certify that the following marriage certificate was filed in my office: REV. C. J. GIBSON (name), certify that on APRIL 3, 1993 (date), at ___INDIANAPOLIS

MARION

IN

IN

HENDRICKS

PASTOR

5-5-93

HENDRICKS

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

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

HENDRICKS County_

_ County, Indiana,_

HENDRICKS

_(state), and _

(official designation)

(state) were married by me as authorized

Clerk

Circuit Court

County, Indiana, dated 4-3-93

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

THOMAS RICHARD HARRIS

Signed by: /s/ REV. C. J. GIBSON

SHANDRA RENEE GUNN

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗇 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Ale. Michelle IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Never Married Never Married OR No. of Previous Marriages Death Last Marriage Ended By: Other (Specify) Birth Certificate Date of birth verified by: Birth Certificate Other (Specify) No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? No 🔟 No Yes "yes," has the adjudication been removed? No 🗆 Yes 🔲 No Yes Yes 🗌 No Yes Are you now under the influence of an alcoholic beverage? Yes 🗌 No Yes ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court HENDRICKS Cornie Lawson We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, is of this applicant, hereby give consent for this marriage. If only one parent signs acts which make the consent of the other parent unnecessary COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued _ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-25-93, authorizing the marriage of MICHAEL ALLEN SMITH MICHELE LYNN SMITH . I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on _____ APRIL 17, 1993 REV. TED D. STEPHENSON _ (name), certify that on MARION INDIANAPOLIS County, Indiana,_ MICHAEL ALLEN SMITH HENDRICKS IN County _ (state), and MICHELE LYNN SMITH HENDRICKS (state) were married by me as authorized __ County_ IN under a marriage license that was issued by the Clerk of the Circuit Court of _ HENDRICKS County, Indiana, dated _ Signed by: /s/ TED D. STEPHENSON MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on

Circuit Court

HENDRICKS County 3-19-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician ? Medical Laboratory circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Date 1988 Death Divorce X Death ☐ Birth Certificate No D Are you now or have you ever been adjudged to be of unsound mind Yes 🔲 Yes 🗌 No 🗆 Yes 🔲 No 🗆 No V No Yes 🗌 ed to the female applicant closer than second cousin? Yes 🔲 Yes 🔲 Yes 🗌 No Yes 🗆 Yes 🔲 Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information giver HENDRICKS Signed **HENDRICKS** HENDRICKS Circuit Court We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary __ HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ and filed in _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of , authorizing the marriage of ____ROBERT KIM GREEN and __CAROL ELAINE LICKLITER ___. I further certify that the following marriage certificate was filed in my office: (name), certify that on _____MAY 1, 1993 RICHARD C. EVERTS MARION (date), at ____INDIANAPOLIS _ County, Indiana,_ ROBERT KIM GREEN MIDLAND _(state), and _ (state) were married by me as authorized CAROL ELAINE LICKLITER of HENDRICKS _ County __ under a marriage license that was issued by the Clerk of the Circuit Court of ___ _County, Indiana, dated 3-29-93 MINISTER Signed by: /s/ RICHARD C.EVERTS _ (official designation) 5-7-93

(date).

Signed

auson

HENDRICKS

Clerk

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

103

HENDI	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
MALE APPLICANT	FEMALE APPLICANT
Name / la 1 First London 3 Mast 1 2 1	Name Orthodology Middle Last Man 1
Date of Birth Month Day Year	Date of Birth Month Day Year 3
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City Coyfity / State	Residence Address Sitreet or R.R. City O Country States
4345 E. Main danville Hend. In.	4345 E. Main Manrille Hend. In.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 📝 OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Drivers License	Driver Lucensa
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No Ves
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes Yes
4. Are you now under the influence of a narcotic drug? No ✓ Yes ☐	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Herbert Krey Wallace	6. (a) Full name of applicant's father Haurence Wynne
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) All deliberations of the state of the s	Residence of father (if deceased, so state) 178 Cligate Grand Shu
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother what a taye works.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) 3/6. Hill Mill Hid fills on	Residence of mother (if deceased, so state) 14.76 Jennifer) Jane Auf
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). 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.	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
State of Indiana I swear/affirm that the information given ss: Signed New Address Subscribed and sworry to before me this 22 and day of Through 19 9 3	State of Indiana County of HENDRICKS Signed HENDRICKS New Address Subscribed and sworn to before me this Towns day of March 19 93
Clerk of the HENDRICKS Circuit Court	Cornie Lawson Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
tate facts which make the consent of the other parent unnecessary	we, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
the of Indian	
county of HENDRICKS ss:	State of Indiana) ss:
ather ID #	FatherID #
lother ID #	Mother ID #
ubscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19
	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
certify that there was filed in my office a marriage license issued by the Cle lated3-22-93, authorizing the marriage of	ALLEN LEE WALLACE
and PATRICIA JAYNE WYNNE	I further certify that the following marriage certificate was filed in my office:
	in HENDRICKS County, Indiana.
	_ in HENDRICKS
PATRICIA JAYNE WYNNE of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /5/ CYNTHIA J. SPENCE	1 CM DEDIMU CLEDY
Signed by: /S/ CYNTHIA J. SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	3-24-93 (date).
The table of material of the state of material of	1 . D
	Signed Cornel Lawson Clerk

STATE OF INDIANA

The activation is the property of the control of th	APPLICATION FOR N	MARRIAGE LICENSE
Control patient in the person applies for in manage license under College Coll	HENDI	South) I no
A person who knowingly furnishes false information to a clork of the forcition count who he person applies for a marriage licenses under IC 31-73 commits a Class D followy. MALE APPLICANT **** **** **** *** *** *** **		
The control of the co	A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under	If No. Medical Examination or Report Dated
The state of the control of the cont	MALE APPLICANT	FEMALE APPLICANT
The contract of the contract o	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name Tanara Lykn Last Last
The desired service was been serviced. Other increases the serviced of the control between the control bet		Date of Birth Month Day Year 1973
The above operation in the stronger of the str	Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Throws button files from the form of control form of three terms and the file of the file		
The state of the control of the cont	410 M. Cast St. ugt in, Prairyent turnings	
The above applicant beautiful processes of single-special beautiful pr		
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The shows and the process of the second country of the shows of the shows the shows of the shows shows of the shows th	N. F. V.	1 Are your expenses been edited and to be of unsound mind? No. 10
2. An op 10 related to the most applicant closer how second councils. We will be a first the last and a second council to the part of the council to the last and a second council to the last and a s		
4. As you now under the situations of a recorded of a recorded of a recorded or of a recorded or any of the company of the com	2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No 🖫 Yes 🗆
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Berejaces of table (discussed, to alsea) Berejaces of table (discussed, to alsea) (i) Relative name of applications mother (fills or foreign covern) Berejaces of mother (if discussed, to state) Berejace		
(i) State maken same of applicant's motive places and supplicant in control of chooses, in state). The state of the state state is personal, in state). The state of motive (if deceased, to state). The state of motive (if deceased, to state). The state of the state state is personal or motive (if deceased, to state). The state of the state state is state of the state state in the state state is state of the state state in the state in the state state in the state state in the state		residence of father (if deceased, so state)
The above applicant has objected to verifying by oath or alternation or signature to the above applicant has objected to verifying by oath or alternation or signature to the above applicant has objected to verifying by oath or alternation open one of indicates. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the above acconsologinet because of religious boilsts. The above applicant has objected to verifying by oath or alternation or signature to the ab		(b) Full maiden name of applicant's mother Linda C. Clary
But picked of mother (Base or towayn country). Prelitable as But picked of mother (Base or towayn country). Prelitable as But picked by the surface of mother (Base or towayn country). Prelitable as But picked by the surface of mother (Base or towayn country). Prelitable as But picked by the surface of the	(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
ACKNOWLEDGMENT Acknowledge that I have received information regarding dangerous communicable diseases that are security transmitted, and a list of the less sizes for the virus that causes AIDS (organized manus delicious) genominal. Signature of Applicant. National processing dangerous communicable diseases that are security transmitted, and a list of the less sizes for the virus that causes AIDS (organized manus deficious) genominal databases. AIDS (organized manus deficious) genominal databases are security transmitted. And a list of the less sizes for the virus that causes AIDS (organized manus deficious) genominal databases. AIDS (organized manus deficious deficious) genominal dat		Treatment of Monte, In additional of the state of the sta
acknowledge that I have received information regarding dangerous communicable diseases that are securily transmitted, and a let of the set alies for the virus that crosses ADS (acquired manure deficiency syndrom)	Birthplace of mother (State or foreign country)	Distribute of motive foliate of foliage commy
Suse of Indians County of HENDRICKS Super Signature Declarate of religious beliefs. County of HENDRICKS Super Signature Signat	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant N Tanvara & Kauson Date 3-229:
County of HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct Signed in HENDRICKS in this application is true and correct HENDRICKS in thi	acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS	Subscribed and sworn to before me this 22 day of March , 19 93	Signed of Tamara Law Solve New Address Same as allowe Subscribed and sworn to before me this
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary State of Indiana	Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICAS Circuit Court
state facts which make the consent of the other parent unnecessary State of Indiana County of HENDRICKS Subscribed and sworn to before me this day of	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
County of HENDRICKS Father		We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
County of HENDRICKS Tabler		
Nother	County of	County of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the county		
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the county		Subscribed and sworn to before me this day of, 19
RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	Clerk	Cleri
RETURN OF MARRIAGE LICENSE 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	Court, by written order issued
I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of	and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
dated 3-24-93 , authorizing the marriage of JAMES ANTHONY WHITLOW and TAMARA LYNN LAWSON . Ifurther certify that the following marriage certificate was filed in my office of the Circuit Court of March 27, 1993 (date), at CLAYTON . In HENDRICKS . County IN . (state), and TAMARA LYNN LAWSON . TAMARA LYNN LAWSON . TAMARA LYNN LAWSON . IN . (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of . MINISTER . (official designation)		
and TAMARA LYNN LAWSON I, STEVAN W. RANSON (date), at CLAYTON JAMES ANTHONY WHITLOW of HENDRICKS County IN (state), and TAMARA LYNN LAWSON of HENDRICKS County IN (state), and TAMARA LYNN LAWSON of HENDRICKS County IN (state) were married by me as authorized that was issued by the Clerk of the Circuit Court of MINISTER Signed by: /s/ STEVAN W. RANSON I further certify that the following marriage certificate was filed in my office (name), certify that on MARCH 27, 1993 County, Indiana, (state) were married by me as authorized (name), certify that on MARCH 27, 1993 I further certify that the following marriage certificate was filed in my office (name), certify that on MARCH 27, 1993 County, Indiana, MINISTER (official designation)	I certify that there was filed in my office a marriage license issued by the Cl	terk of the circuit court of
I, STEVAN W. RANSON (date), at CLAYTON JAMES ANTHONY WHITLOW of HENDRICKS County IN (state), and TAMARA LYNN LAWSON of HENDRICKS County IN (state), and IN (state) were married by me as authorize under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ STEVAN W. RANSON MINISTER (official designation)	and TAMARA LYNN LAWSON	I further certify that the following marriage certificate was filed in my office.
JAMES ANTHONY WHITLOW of HENDRICKS County IN (state), and	I, STEVAN W. RANSON	(name), certify that on MARCH 27, 1993
TAMARA LYNN LAWSON of HENDRICKS County IN (state) were married by me as authorize under a marriage license that was issued by the Clerk of the Circuit Court of HENDRICKS County, Indiana, dated 3-27-93 Signed by: /s/ STEVAN W. RANSON , MINISTER (official designation)	TANKE ANDUONY WILTER ON THEMPOTORS	TN CONTROL OF THE CON
Signed by: _/s/ STEVAN W. RANSON, MINISTER (official designation)	TAMARA LYNN LAWSON of HENDRICKS Co	ounty IN (state) were married by me as authorized
Filed and recorded in accordance with the laws of the State of Indiana on 3-31-33 (date).	under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ STEVAN W. RANSON Filed and recorded in accordance with the laws of the State of Indiana on	County, mataria, dated

Signed_

_ Clerk Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	RICKS County File
	TOTAL County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Dr. Batista
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	
Date of Birth Day Year	Name Territy Middle Peppel Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
230 S. Green St. Browns bung IN	230 S. Green St. Brownsburg IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date & -10-87	Last Marriage Ended By: Death Divorce Annulment Date 10 - 31.8
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? No Yes Yes No Yes Yes The second cousin?	Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children. Ngh 1 a V 0	5. List the full names of any dependent children. Shawn Teppel
6. (a) Full name of applicant's father the Ung Vo	6. (a) Full name of applicant's father Di Phan
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	Residence of father (If deceased, so state) Vat Nam Birthplace of father (State or foreign country) Vat Nam
(b) Full maiden name of applicant's mother Mai Nguyen	(b) Full maiden name of applicant's mother Das Tran
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of mother (State or foreign country)	Birthplace of mother (state or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	Consideration of the Constant
State of Indiana County of HENDRICKS Signed Signed I swear/affirm that the information given in this application is true and correct.	State of Indiana County of HENDRICKS Signed Allee Royal Signed
New Address Subscribed and sworn to before me this 24 day of Warst 19 9 3	New Address Subscribed and sworn to before me this
Subscribed and sworn to before me this 24 day of Moral, 19 93 Tennus April Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this 24 day of Ward, 19 93 Lower Janes Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS SS:	State of Indiana) SS:
Father ID #	County of HENDRICKS ss:
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19 Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cledated, authorizing the marriage of	
andTAMMY H PEPPEL	I further certify that the following marriage certificate was filed in my office:
I, <u>CYNTHIA J SPENCE</u> (date), at <u>DANVILLE</u>	(name), certify that on 3-24-93in HENDRICKS County, Indiana,
NEAL N VO of HENDRICKS	County IN (state), and
TAMMY H PEPPEL of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/s/ CYNTHIA J SPENCE Filed and recorded in accordance with the laws of the State of Indiana on	

____ Clerk _Circuit Court

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗹 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician And Wom IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 652 Previous Marital Status: Never Married Never Married OR No. of Previous Marria Death Last Marriage Ended By: Divorce Annulment Date of birth verified by: Birth Certificate Dother (Specify) Dr. Lic Date of birth verified by: Birth Certificate Bother (Specify) Dr. Lic Are you now or have you ever been adjudged to be of unsound mind? No Yes 1. Are you now or have you ever been adjudged to be of unsound mind? No 🖸 Yes 🗌 If answer is "yes," has the adjudication been removed? No Yes If answer is "yes," has the adjudication been removed? No 🗆 Yes 🗌 Are you related to the female applicant closer than second cousin? No Yes Are you related to the male applicant closer than second cousin? Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of an alcoholic beverage? No Yes Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children. (a) Full name of applicant's father Richard Edward (If adopted, list adoptive parents only)_ Residence of mother (if deceased, so state) toglismil Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)___ Birthplace of mother (State or foreign country) ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired on & Ander Date 3-24-93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS Signed MAIN Ad. ay of 17 (2000) . 19_ HENDRICKS _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County __ Court, by written order issued and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 3-24-93 authorizing the marriage of JOHN E. SNIDER _ County, Indiana, dated KELLI D. UNGER , authorizing the marriage of _ and DAVID LANG . I further certify that the following marriage certificate was filed in my office: (name), certify that on APRIL 17, 1993 (name), certify that on _ HENDRICKS COATESVILLE JOHN E. SNIDER County, Indiana,

HENDRICKS

HENDRICKS

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

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

Signed by: /s/ DAVID LANG

County _

HENDRICKS

(date).

MINISTER

__ County_

_(state), and _

(official designation)

(state) were married by me as authorized

County, Indiana, dated 4-17-93

HENDRICKS

County

_ Clerk _Circuit Court

	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	
Name / First Middle / Last	Name Prist Media
Date of Birth Day hompson, So.	Date of Birth Tatrician Sue Blair
Place of Birth (State or foreign country)	- Feb 6 1939
Indiana	Place of Birth (State or foreign country) Michigan
Residence Address 1240 E 400 N. Required Aura In	Residence Address Street of R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate General Specify	Date of birth verified by: Birth Certificate Coffee (Specify)
Thurs Amol	House desire
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes Yes
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Nes No Nes No Nes No Nes No Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes Nes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. List the full names of any dependent children.
	See the fall families of any dependent children.
6 (a) Full game of applicants that hilling & He Miles	0 0
6. (a) Full name of applicant's father Suburt of Manyson (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Line Toriginal Control of the adopted list a
Residence of father (if deceased, so state). Algolphical	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country), Wash.
(b) Full maiden name of applicant's mother Theda Shawshaws (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Calista Toline
Residence of mother (if deceased, so state) Allerand	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) AUSILIANA
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
Signature of Applicant * Donal Lee Thompson Separe 3/25/93	immune deficiency syndrome). Signature of Applicant X Patricia Sue Blain Date 3/25/93
	Date of 1/3
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above
Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court
	Date
State of Indiana I swear/affirm that the information given ss; in this application is true and correct.	State of Indiana) I swear/affirm that the information given
Signed X Doyald Lee Momental Street and correct.	Signed X Patricia Sue Blair
New Address 72 90 East 900 Horon Bownsburg	New Address 7290 E 900 N, Brownsburg IN
Subscribed and sworn to before me this 25 day of HAD , 19 93 Osmil Clerk of the HENDRICKS Circuit Court	Subsgribed and sworn to before me this 25 day of 20 19 19
Circuit Court	Communication Clerk of the HENDRICKS Circuit Court
CONSENT OF PARI	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of Place as mot	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
State of Indiana	State of Indiana
County of HI Puncush ,	County of HENDRICKS ss:
Mother	FatherID #
Subscribed and swi	Subscribed and sworn to before me this day of , 19
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY COURT. A	marriage license having because the transfer of
County	Court, by written order issued
and filed in, authorizes	s and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	
certify that there was filed in my office a marriage license issued by the Cler	k of the Circuit Court of HENDRICKS
dated 3-25-93, authorizing the marriage of	DONALD LEE THOMPSON
AND PATRICIA SUE BLAIR	. I further certify that the following marriage certificate was filed in my office:
(date), at HUNTINGTON	(name), certify that on APRIL 17, 1993
DONALD LEE THOMPSON of HENDRICKS	in HUNTINGTON County, Indiana, County IN (state), and
PATRICIA SUE BLAIR of HENDRICKS Cour	
under a marriage license that was issued by the Clerk of the Circuit Court of	MINICHER County, Indiana, dated APRIL 17, 1993
Filed and recorded in accordance with the laws of the State of Indiana on	, MINISTER (official designation) (date).
The state of Francisco Of Franc	(aute).
Si	gned Coine Tawson Clork
OYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 1 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 961 Indiana MOON Rd., PARINFIELD, HENDRICKS, FAC. Death Date of birth verified by: | | Birth Certificate | Other (Specify) | DOL RECORDS Date of birth verified by: Birth Certificate Other (Specify) License Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🔲 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🔲 Are you related to the female applicant closer than second cousin? No Yes 🗌 related to the male applicant closer than second cousin? Yes 🔲 Are you now under the influence of an alcoholic beverage? Yes 🗌 Yes 🗌 Yes 🔲 No 🔽 List the full names of any dependent children. Michael Knights LEE Thompson, BRIDGETTELEE Jessica Thompson, BROOKE LEEThompson

(a) Full name of applicant's father ROBERT LEE Thompson Wayne Russell Residence of father (if deceased, so state) INdiana Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Norman PEORL BRYANT Full maiden name of applicant's mother De Anna Louise Branch ce of mother (if deceased, so state) Browns burg **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above applicant has objected to verifying by oath or affirmation or signature to the above dgment because of religious b Date 3-25-93 Clerk of Court Clerk of Court State of Indiana State of Indiana I swear/affirm that the information given HENDRICKS signed x Cynthia New Address 6010 E 91 N. Dabville, In. 46122 day of MARCA Commic Lowson HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary _ HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS _ County, Indiana, dated 3-25-95

CYNTHIA SUE KNIGHTS REV. JOHN C. PARSLEY __. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____ MARCH 30, 1993
____ in ___ HENDRICKS ____ County, Indiana,____ PLAINFIELD BRUCE L. THOMPSON County, Indiana, HENDRICKS _ County ___ __(state), and _ CYNTHIA SUE KNIGHTS HENDRICKS _ of___ _ County _ (state) were married by me as authorized HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ County, Indiana, dated 3-25-93 Signed by: /s/ REV. JOHN C. PARSLEY MINISTER (official designation) 4-2-93 Filed and recorded in accordance with the laws of the State of Indiana on_ _ (date).

HENDRICKS

Circuit Court

STATE OF INDIANA

109 APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First / Middle Last
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
1455 Sugargrove Rd Plfd.	11080 W. Washington St #10 Indpls.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 5 . 9	Last Marriage Ended By: Death Divorce Annulment Date 6.87
Outs of high weilled her Digith Cartificate Picher (Specific	Date of birth verified by: Birth Certificate Quiter (Specify)
pains or our service ph. Denn cervicine Share (Sheris) D. L. M.C.	The comment of the co
The state of the s	THE RESERVE STATE STREET, STRE
1. Are you now or have you ever been adjudged to be of unsound mind? No 🖪 Yes 🗆	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ✓ ✓ Yes ✓ ✓ Yes ✓ ✓ Yes ✓ ✓ Yes ✓ ✓ Yes ✓ ✓ ✓ Yes ✓ Ye
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No S Yes	If answer is "yes," has the adjudication been removed? No Yes □ Are you related to the male applicant closer than second cousin? No □ Yes □
3. Are you now under the influence of an alcoholic beverage? No S. Yes	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☒. Yes ☐	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children. Tittany M. Midenour
6. (a) Full name of applicant's father James Lean to Hensley	6. (a) Full name of applicant's father Danny Jose Ridenour S
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Alexandria IN	Residence of father (if deceased, so state) breenwood IN
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Maxax at Lenora New II.	Birthplace of father (State or foreign country) IN (b) Full maiden name of applicant's mother Darlere Darle
(b) Full maiden name of applicant's mother Margaret Lenona Newlin (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Darlene Haves (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Stilesville. IN	Residence of mother (if deceased, so state) PIFal TN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) TN
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable disease
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrome).	immune deficiency syndrome)
Signature of Applicant X MOULE WUSAN Date	Signature of Applicant XDaux E. Viderolder 3/5
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed Address Subscribed and sworn to before me this Address Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Address Address Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed X Signed X Subscribed and sworn to before me this Aday of HENDRICKS Clerk of the HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign state facts which make the consent of the other parent unnecessary
	The part of the state of the st
State of Indiana) Countries HENDRICKS ss:	State of Indiana) HENDRICKS SS:
FatherID #	County of
MotherID #	FatherID #ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, th Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle	
dated 3-26-93, authorizing the marriage of and DAWN ELIZABETH RIDENOUR	I further certify that the following marriage certificate was filed in my office
I, REV. THOMAS E. SMITH	(name), certify that on APRIL 9, 1993
(date), atSTILESVILLE	in HENDRICKS County, Indiana,
MARK DAVID WILSON of HENDRICKS	CountyIN(state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ REV. THOMAS E. SMITH	
	4-12-93 (date).
	Sand Connie La -

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name First Middle Last Cox
Date of Birth Mogety Day Year Year	Date of Birth Month Day Year 970
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Meren Co. Gradiana	Residence Address Street or B.R. City County State
Residence Address Street or A.R. City County State State Street or A.R. City County State Holdson All City County State State All City County St	402 & Sellerson flamable Gent a
Previous Marital Status: Never Married A OR No. of Previous Marriages	Previous Marital Status: Never Married 12 OR No. of Previous Marriages
	Last Marriage Ended By: Death Divorce Annulment Date
Last Marriage Ended By: Death Divorce Annulment Date	Last mainage chool by.
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Duther (Specify)
Musica Persone	arives livenel
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind? No ☑ Yes ☐
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you now under the influence of an alcoholic beverage?
3. Are you now under the influence of an alcoholic beverage?	No TO You D
4. Are you now under the influence of a narcotic drug?	Are you now under the influence of a narcotic drug? List the full names of any dependent children.
5. List the full names of any dependent children.	Trevor Cox
	- 0 8.1
6. (a) Full name of applicant's father Robert Chroningliam	6. (a) Full name of applicant's father Jaurence Chi
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state).	Residence of father (if deceased, so state) Birthplace of father (State or foreign country)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother Dull full	(b) Full maiden name of applicant's mother Sharpn favult
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome).	immune deficiency syndrome Anno the OX pate 3-26 93
Signature of Applicant Date 3-26-93	Signature of Applicant All Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed State of Indiana New Address Subscribed and sworn to before me this 267 Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of Mich., 19 93 Connect Aurent Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Ab day of HENDRICKS Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
state the state of	
State of Indiana)	State of Indiana) HENDRICKS SS:
County of HENDRICKS ss:	County of HENDRICKS
Father ID #	Father ID # Mother ID #
	WOULD TO W
MotherID #	Subscribed and sworn to before me this day of, 19
MotherID #	Subscribed and sworn to before me this day of , 19 Cterk
Subscribed and sworn to before me this	A marriage license having been refused to the above named parties, the
Subscribed and sworn to before me this	Clerk
Subscribed and sworn to before me this	A marriage license having been refused to the above named parties, the Court, by written order issued Les and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of CHANDELLER County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county	A marriage license having been refused to the above named parties, the Court, by written order issued Les and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of JERRY DELANO CUNNINGHAM County, Indiana,
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. and filed in	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court ofHENDRICKSCounty, Indiana, JERRY DELANO CUNNINGHAM Let the certify that the following marriage certificate was filed in my office:
Subscribed and sworn to before me this	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Therefore the Circuit Court ofHENDRICKSCounty, Indiana, JERRY DELANO CUNNINGHAM I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 24, 1993 inHENDRICKS County, Indiana, County IN (state), and
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court of
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A County	A marriage license having been refused to the above named parties, the Court, by written order issued tes and directs the issuance of a marriage license to the above named parties. SE AND MARRIAGE CERTIFICATE Lerk of the Circuit Court ofHENDRICKSCounty, Indiana, JERRY DELANO CUNNINGHAM I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 24, 1993 inHENDRICKS County, Indiana, County IN (state), and

Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

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

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

MALE APPLICANT	FEMALE APPLICANT
Name / First Middle Last	Name Tracy Middle Barker
Date of Birth Month Day Year	Date of Birth Mohth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3017 Yeder Rd Poder IN	Residence Address Street or R.R. Biburg To State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Nother (Specify)
Date of birth verified by: Birth Certificate Highter (Specify) Dr. Liv.	Date of birth verified by: Sirth Certificate Other (Specify) Dr. Lic.
1. Are you now or have you ever been adjudged to be of unsound mind? 1. Ves 1. If answer is "yes," has the adjudication been removed? 1. No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No ☑ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No □ Yes □	3. Are you now under the influence of an alcoholic beverage? No No No Yes □
4. Are you now under the influence of a narcotic drug? No (A) Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Met. Wilton D. Johnson	6. (a) Full name of applicant's father Tom & Barker
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) B burg. IN
Residence of father (if deceased, so state) Harcourt Iowa Birthplace of father (State or foreign country) min	Residence of father (if deceased, so state) B burg TN Birthplace of father (State or foreign country) TN
(b) Full maiden name of applicant's mother Levil M. Elevague Fluque	
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
Signature of Applicant X Euck W Johnson Date 3/26/93 The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Cirk U Johnson New Address Subscribed and sworn to before me this Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Adaptive day of Handle 19 Circuit Court	State of Indiana County of HENDRICKS Signed X STACLY M. ROLLAND TO BOX 133 YOUN Subscribed and sworn to before me this Derivative and correct day of March 19 93 Clerk of the HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother 1D #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this
Clerk	THE RESIDENCE OF STREET PARTY OF STREET PROPERTY OF STREET
	A marriage license having been refused to the above named parties, the
	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Condition of the marriage of, authorizing the marriage of	
and TRACY MICHELLE BARKER	. I further certify that the following marriage certificate was filed in my office
I, REV. WILLIAM H. STEINKE (date) at BROWNSBURG	in HENDRICKS — MAY 1, 1993 — County, Indiana.
ERIK WADE JOHNSON of ALLEN	in HENDRICKS
MDAGY MIGHELLE DARVED HENDRIGKS	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 5-1-93
Signed by: /s/ REV. WILLIAM H. STEINKE Filed and recorded in accordance with the laws of the State of Indiana on_	, PASTOR (official designation) 5-14-93 (date).
Thea and recorded in accordance with the laws of the state of thatana on_	a indice.
	Signed Conne Tawson Clerk
	HENDRICKS Circuit Co

112 **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 3-25-93	
Name of Physician	9

MALE APPLICANT	FEMALE APPLICANT
Name Rassan K Middle M Last	Name First Middle Last
Date of Birth Month Day Year	Date of Birth Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
and,	Hellowere
Residence Address Street or R.R. City Resurvolves On	Residence Address Street R.R. City P County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Described Son Marie David
Previous marriages Oracles. Never marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Dother (Specify)	Date of birth verified by:
The state of the s	
1 As you so you have you may have adjuded to be of warred winds.	
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug? No Yes
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Stray Thompson	Paris At is
6. (a) Full name of applicant's father May Mampson (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Aught & Halls
Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Fleggy Theston	(b) Full maiden name of applicant's mother angle . Lister
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court	Signature of Applicant Signature of Applicant State of Indiana Signature Signatur
Mother ID #	MotherID #
Subscribed and sworn to before me this day of, 19	Subscribed and sworn to before me thisday of, 19
Clerk	Clerk
COMPLETE IE MARRIAGE LICENSE ISSUED BY ORDER OF COURT	
County	A marriage license having been refused to the above named parties, the Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
	parties.
I certify that there was filed in my office a marriage license issued by the Cladated	EE AND MARRIAGE CERTIFICATE erk of the Circuit Court of
JENNIFER C. KIDDER of HENDRICKS Con	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: _/s/ MARK S. MERRILL	
Filed and recorded in accordance with the laws of the State of Indiana on	5-18-93 (date).
of the state of transfer of	1 (Marc)
	Signed Connie Lawson Clerk
	Signed Clerk

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE HENDRICKS County 3-29-93 Date of Application Female Applicant 50 No Yes
If No, Medical Examination or Report Dated
Name of Physician S. Weeger, T Yes 3-30-93

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

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Jast p 4	Name A First Middle Last
Date of Birth Month, Day Year Year	Date of Birth Month Day Year
6 24 61	22 66
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Rodeisk Saland alusk
Residence Address Street or R.R. City County Of State	Residence Address Street or PIR. City Saunty D State DI
1450 Whinskip disk Ra Tunfield in	1790 W. Spiritage cinera. 1994.
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date 1991
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Dother (Specify)
The Million	- Thinks.
1. Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin? No ✓ Yes ☐ 3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ☐	2. Are you related to the male applicant closer than second cousin? No Yes 3. Are you now under the influence of an alcoholic beverage? No Yes
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes No N	4. Are you now under the influence of an accordic drug?
5. List the full names of any dependent children.	List the full names of any dependent children.
- 50. 1 00 150P 0	DD D O St.
6. (a) Full name of applicant's father Thehall Joseph M. Laughle	n.6. (a) Full name of applicant's father roland tee Wallen
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Birthplace of father (State or foreign country)	Residence of father (if deceased, so state)
(b) Full maiden name of applicant's mother Bela Brace Fish	(b) Full maiden name of applicant's mother Betty Marie Lus
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Indianapalis In	Residence of mother (if deceased, so state) Bayter Jean
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndrome)	immune deficiency syndrome!
Signature of Applicant James me Joughly Date 3-29-93	Signature of Applicant Date 3-29-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS ss:	County of HENDRICKS ss: ss: in this application is true and correct.
Signed James 7. mc Jaughein	Signed CON SIGNED
New Address Surve Subscribed and sworn to before me this 29 d day of March 19 93	New Address Dane
HENDBICKS	Subscribed and sworn to before me this 21 day of March 19 73 Connect Luncon Clerk of the HENDRICKS Circuit Court
Clerk of the Circuit Court	Clerk of the Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) Countried HENDRICKS ss:	State of Indiana) County of HENDRICKS ss:
County of	FatherID #
Mother ID #	MotherID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
COMPLETE IS MADDIAGE LIGHTON TO COURT OF COURT	A manufact Banca basing bear refused to the steam and a significant
	A marriage license having been refused to the above named parties, the Court, by written order issued
	tes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 4-1-93, authorizing the marriage of	
and CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office:
I) DANIZETTE	(name), certify that onAPRIL 1, 1993
JAMES EDWARD McLAUGHLIN of HENDRICKS	inHENDRICKS
WANT TOWN	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-1-93
Signed by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-1-93 (date).
	Λ . \mathcal{L}
	C: 1 (MALL) (A CLOSE OR)

HENDRICKS

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

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

Female Applicant 50	No 🗆	Yes 🗆	4
If No, Medical Examination	on or Report	Dated	1
Name of Physician	V. Black	ms.	Value of the second
	A STREET OF THE PARTY OF THE PA		

MALE APPLICANT	FEMALE APPLICANT
Name First Middle Vast	Name First Of Edwards
Date of Birth Honth Russe Stains North Pay Year	Date of Birth
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Place of Birth (State or Toreign Country) Andiana	maliana
Residence Address Street or R.R. City County County R. L. L. Box 188, Pottebaro, Herdricke, Indiana	Residence Address Street or R.R. Brownstone Herdrick, meliara
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ON No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Pother (Specify) Drivers Riverse	Date of birth verified by: Birth Certificate Dother (Specify) Driver's Ficense
Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No Yes Yes Yes ✓	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ✓ Yes ✓	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug? No 🗗 Yes 🗆
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father Store C. Stores	6. (a) Full name of applicant's father Thomas & Edwards
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) — Midliana	Residence of father (if deceased, so state) Miliana Birtholace of father (State or foreign country) Miliana
Birthplace of father (State or foreign country) Indicate (State or foreign country) Indicate (State or foreign country) Indicate (State or foreign country)	Bridge Sugar
(b) Full maiden name of applicant's mother with a supplication of applicant's mother with a supplication of applicant's mother with a supplication of application of applic	(b) Full maiden name of applicant's mother Dieses for the following the following following for the following follow
Residence of mother (if deceased, so state) Milian	Residence of mother (if deceased, so state) Faciliana
Birthplace of mother (State or foreign country) The Class	Birthplace of mother (State or foreign country) Millera
	And the state of t
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable disease that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquire
immune deficiency syndrometry	immune deficiency anadome)
Signature of Applicant 10 John Russel Storms Date 3-30-93	Signature of Applicant X Janua Jo Edwards Date 3-30-
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information give
County of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: in this application is true and corre
Now Address 97 Birola, Broondang, The	Signed to forma of Edwards
New Address I FAMER Subscribed and sworn to before me this 30 day of March 19 93	New Address Lance as allton Subscribed and sworp to before me this 30 day of March 19 93
Cornel Preside Clerk of the HENDRICKS Circuit Court	Coxice Freezen Clerk of the HENDRICKS Circuit Con
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	Father ID #
Mother ID #	Mother ID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
Clerk	Cle
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties
DETUDN OF MADDIAGE LIGEN	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated 3-30-93, authorizing the marriage of	JOHN RUSSEL STORMS
and JONNA JO EDWARDS	. I further certify that the following marriage certificate was filed in my office
I, REV. DONALD TYLOR	(name), certify that onAPRIL 17, 1993
(date), at BROWNSBURG	in HENDRICKS County, Indiana,
JOHN RUSSEL STORMS of HENDRICKS JONNA JO EDWARDS of HENDRICKS Co	County IN (state), and IN (state) were married by me as authorize
	(state) were married by me as authorize
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ REV. DONALD TYLOR	f
Filed and recorded in accordance with the laws of the State of Indiana on_	4-21-93 (date).
The table of the state of the s	1 0
	Signed Connie Lawson Cler
	HENDRICKS Circuit Cou

Clerk Circuit Court

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County 30.93 Date of Application Yes Female Applicant 50 No 1

If No, Medical Examination or Report Dated

Name of Physician Michelle Boyn

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

FEMALE APPLICANT MALE APPLICANT Jones Previous Marital Status: Never Married OR No. of Previous Marriages Previous Marital Status: Divorce D Annulment Last Marriage Ended By Death Divorce Last Marriage Ended By Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Yes 🔲 No Yes 🗌 No 🗆 No 🗆 Yes 🗌 Yes 🗌 er is "ves." has the adjudication been removed? No 🗸 Yes 🔲 Yes 🗌 ed to the female applicant closer than second cour No Yes 🗌 Yes 🗌 No No Yes Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Full name of applicant's father Raymand Ernest binn ce of father (if deceased, so state) Lidply In Birthplace of father (State or foreign country) TN Birthplace of father (State or foreign country)_ name of applicant's mother Mildred (b) Full maiden name of applicant's mother by nda h. Turner Birthplace of mother (State or foreign country) TN ACKNOWLEDGMENT ACKNOWLEDGMENT The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS 19 93 _ day of March 19 83 HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent sign We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of _ County, Indiana, dated ____3-30-93 , authorizing the marriage of __ ALAN F. JONES II and ANGELA K. GINN . I further certify that the following marriage certificate was filed in my office: __ (name), certify that on ___ APRIL 10, 1993 MARION ___ County, Indiana I, JOHN R. EASLEY INDIANAPOLIS (date), at ____ of_ HENDRICKS County __IN ALAN F. JONES II _(state), and _ ANGELA K. GINN IN HENDRICKS County_ (state) were married by me as authorized County, Indiana, dated 4-10-93 HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: /s/ JOHN R. EASLEY MINISTER (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ 4-13-93 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

No. ### Total Control
IC 31-7-9-1. Furnishing false information upon applying for license.

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under

Female Applicant 50 No 🗆 Yes 🗆

If No, Medical Examination or Report Dated

Name of Physician E. Kourany, M-D.

County

MALE APPLICANT	FEMALE APPLICANT	
ame P First Middle Last	Name Krist Aide Petter	
ate of Birth Robert Maurice Woodeward Jr.	Date of Birth Month Oay 1916.7	
11 04 1969	Place of Birth (State or foreign country)	
ace of Birth (State or foreign country) Malana	Indiara	
esidence Address Street or R.R. City Coupty State	Residence Address Street or R.R. City County Levelicks, Fralla	
345 angua Ct. Plainfield In Heralices		
evious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married MOR No. of Previous Marriages	
st Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	
ate of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Tother (Specify) Trivel's Secure	
Travves Twenty	The second secon	
	-/ -	
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes Yes Yes Yes	
If answer is "yes," has the adjudication been removed?	No Exp	
Are you related to the female applicant closer than second cousin? No Yes Yes No Yes Yes	2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? Yes	
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes Yes	4. Are you now under the influence of a narcotic drug?	
List the full names of any dependent children.	List the full names of any dependent children.	
Eat the fall flames of they dependent stimus.		
D. 1. 11. 102-11.	6. (a) Full name of applicant's father Danced On Potters	
(a) Full name of applicant's father Robert M. Woodwiell, Ss.		
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only) Residence of father (if deceased so state) Williams	
Residence of father (if deceased, so state)	Residence of father (if deceased, so state) Birthplace of father (State or foreign country) Liscousing	
Birthplace of father (State or foreign country) Malesty (b) Full maiden name of applicant's mother Marie Durch	(b) Full maiden name of applicant's mother Corrice K. Rochleh	
(b) Full maiden name of applicant's mother Iffaul Strack (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)	
Residence of mother (if deceased, so state) Phillipse	Residence of mother (if deceased, so state) Militara	
Birthplace of mother (State or foreign country) Quality	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
at are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired		
mune deficiency syndrome) That I fordured p Date 3-30 93	Signature of Applicant Kelly Sur Peters Date 3-30 43	
griature of Applicant		
the above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
cknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.	
lerk of Court Date	Clerk of Court Date	
	State of Indiana) I swear/affirm that the information given	
tate of Indiana) I swear/affirm that the information given ounty of HENDRICKS ss: in this application is true and correct.	County of HENDRICKS ss: // in this application is true and correct.	
Signed & Lobert I Sond ward fr	Signed & Kelly Sue Veters	
New Address Same as Clove	New Address	
ubseribed and sworn to before me this 30 day of Malch . 19 43	Subscribed and sworn to before me this 30 day of March 19 93	
Court Court Clerk of the HENDRICKS Circuit Court	Consul Trusson Clerk of the HENDRICKS Circuit Court	
	ACCUSANT OF PURPLY PROPERTY OF CHARGIAN	
ONSENT OF PARENTS, PARENT, OR GUARDIAN (e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	
ate facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary	
ate of Indiana)	State of Indiana)	
ounty of	County of HENDRICKS	
ther ID #	Father ID #	
other ID #	Mother ID #	
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19	
Clerk		
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the	
County	Court, by written order issued	
nd filed in, authori	izes and directs the issuance of a marriage license to the above named parties.	
	ISE AND MARRIAGE CERTIFICATE Clerk of the Circuit Court of HENDRICKS County, Indiana,	
certify that there was filed in my office a marriage license issued by the Cated, authorizing the marriage of	TODEDE M. MCODMADD ID	
ated, authorizing the marriage of nd KELLY S. PETERS	. I further certify that the following marriage certificate was filed in my office:	
ROBERT W. TAYLOR	(name), certify that on APRIL 21, 1993	
date), at INDIANAPOLIS	inMARIONCounty, Indiana,	
ROBERT M. WOODWARD, JR. of HENDRICKS	County IN (state), and	
	County IN (state) were married by me as authorized	
under a marriage license that was issued by the Clerk of the Circuit Court of	PASTOR (official designation)	
ligned by: /s/ ROBERT W. TAYLOR	(official designation)	
iled and recorded in accordance with the laws of the State of Indiana on_	4-26-93 (date).	
	1	
	Signed Clerk	

PLAINFIELD

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

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

HENDRICKS

HENDRICKS

County

Signed .

5-25-93

HENDRICKS

(date).

MINISTER

County

(date), at PLAINFIE: KEITH ALLEN BERG

PAULA JEAN BAYSE

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 9-31-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No M If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician . Noolen M. P. circuit court when the person applies for a marriage license under Kohert IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Place of Birth (State or for Death Last Marriage Ended By Death 🔲 Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) Date of birth verified by: Birth Certificate No No V Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 No 1 Yes 🗌 If answer is "yes." has the adjudication been removed? No 🗆 Yes 🗌 er is "yes," has the adjudication been removed? No D No D Yes 🗌 related to the male applicant closer than second cousin Yes 🔲 No Yes 🗌 No D Yes 🔲 No O Yes 🗌 Nov Yes 🔲 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children List the full names of any dependent children. Birthplace of mother (State or foreign country)_ Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired 3-31-93 The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given State of Indiana I swear/affirm that the information given Street Stiles ville IN South Street Stilesville, Ind New Address 211 Wast day of Thank , 1993 CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS dated PAULA JEAN BAYSE , authorizing the marriage of _ and STEPHEN WHITE . I further certify that the following marriage certificate was filed in my office:

(name), certify that on MAY 22, 1993 (name), certify that on _ HENDRICKS

County, Indiana,

County, Indiana, dated _

awson

HENDRICKS

(official designation)

_(state), and _

(state) were married by me as authorized nty, Indiana, dated 5-22-93

Clerk

APPLICATION FOR MARRIAGE LICENSE		
HENDRICKS County File		
	3-31-93 Date of Application	
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No X Yes 3-29-93 If No, Medical Examination or Report Dated 3-29-93 Name of Physician A. Stegemaller, M.D.	
MALE APPLICANT	FEMALE APPLICANT	
Name Ohr First ples Middle Daniel Last Poll	Name De First Middle Maters	
Date of Birth Month Day 0 Year 6 7	Date of Birth Month 2 Day 8 Year 70	
Place of Birth (State or foreign country) Doxnelle In	Place of Birth (State or foreign country) Danville In	
Residence Address / Bax 245 Pullsbars In.	Residence Address But 246 D Fillsbare State	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages	
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date	
Date of birth verified by: Birth Certificate Author (Specify) S. Lic	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	Are you now or have you ever been adjudged to be of unsound mind? No ✓ Yes ☐ If answer is "yes," has the adjudication been removed? No ✓ Yes ☐	
If answer is "yes," has the adjudication been removed? No Yes Yes Are you related to the female applicant closer than second cousin? No Yes	2. Are you related to the male applicant closer than second cousin? No Yes Yes	
3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug? No Yes Yes	
4. Are you now under the influence of a narcotic drug? No ✓ Yes 5. List the full names of any dependent children.	List the full names of any dependent children.	
6. (a) Full name of applicant's father Dirich L. Coll	6. (a) Full name of applicant's father Charles Franklin Matters	
(If adopted, list adoptive parents only) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Puttlabara, Sa	
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)	
(b) Full maiden name of applicant's mother Margaret Clan Helich	(b) Full maiden name of applicant's mother Thursday from I will be adopted, list adoptive parents only)	
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) Pattishara In	
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)	
ACKNOWLEDGMENT	ACKNOWLEDGMENT	
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	
immune deficiency syndrome) 1 + 1 3 31-93	immune deficiency syndromy. No 10 April 19 10 19 3/31/93	
Signature of Applicant Clinica by D. Cold Date 3777	Signature of Applicant Date 451115	
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above	
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date	
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given	
County of HENDRICKS ss:	County of HENDRICKS ss: in this application is true and correct.	
Signed Aunter D. Coll New Address SANE	New Address RR 1 BOX 245, Pittsborg, On 46167	
Subscribed and sworn to before me this 31st day of Much, 19 93	Supscribed and sworn to before me this 31 of day of March 19 93	
Charle handen Clerk of the HENDRICKS Circuit Court	Coarie Gairson Clerk of the HENDRICKS Circuit Court	
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	
	Cuts of Indian	
State of Indiana) County of HENDRICKS SS:	State of Indiana) County of HENDRICKS SS:	
FatherID #	Father ID #	
MotherID #	Mother ID # Subscribed and sworn to before me this day of, 19	
Clerk	Clerk	
	A marriage license having been refused to the above named parties, the	
and filed in, authoriz	ces and directs the issuance of a marriage license to the above named parties.	
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE Verk of the Circuit Court of HENDRICKS County, Indiana,	
dated 3-31-93, authorizing the marriage of	CHRISTOPHER DAVID COLL	
andDEENA JO WATERS I,FATHER CHARLES SEAN CHESELBRAUGH	I further certify that the following marriage certificate was filed in my office: (name), certify that onMAY 15, 1993	
(date), atDANVILLE	_ inHENDRICKS County, Indiana,	
CHRISTOPHER DAVID COLL of HENDRICKS DEENA JO WATERS of HENDRICKS Co	County IN (state), and ounty IN (state) were married by me as authorized	
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-15-93	
Signed by: /s/ FR. C.S. CHESELBRAUGH Filed and recorded in accordance with the laws of the State of Indiana on_	,	

_ Clerk Circuit Court

HENDRICKS IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No I If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Lynn Patterson homas Place of Birth (State or foreign country) SI Residence Address Dame Never Married Never Married OR No. of Previous Marriages Last Marriage Ended By: 82 Death Death Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 Nota Are you now or have you ever been adjudged to be of unsound mind? Yes 🔲 is "yes," has the adjudication been removed? No 🗌 Yes 🗌 ver is "yes," has the adjudication been removed? No 🔲 Yes 🗌 ed to the female applicant closer than second cousin? No Yes 🗌 Yes 🔲 No DE Yes 🗌 Yes 🗌 Are you now under the influence of a narcotic drug? No D Yes Are you now under the influence of a narcotic drug? Yes 🗌 Thomas List the full names of any dependent children. Larry Nolan (a) Full name of applicant's father 104d Hothur Thomas Patterson Full name of applicant's father + old Stilesville Decrosed name of applicant's mother Lillian mae Durham of mother (if deceased, so state) Birthplace of mother (State or foreign country)_ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases NOM ODDate The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana Subscribed and sworn to before me this HENDRICKS Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent s state facts which make the consent of the other parent unnecessary HENDRICKS County of _ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated _______, authorizing the marriage of ______ LYNN D. THOMAS _ County, Indiana, LORI L. PATTERSON _ . I further certify that the following marriage certificate was filed in my office: CLAUDE HOLT _ (name), certify that on ___APRIL 2, 1993 INDIANAPOLIS HENDRICKS __ County, Indiana,_ LYNN D. THOMAS HENDRICKS IN County ___ _(state), and _ HENDRICKS County_ LORI L. PATTERSON IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of _ HENDRICKS County, Indiana, dated 3-31-93 Signed by: /s/ CLAUDE HOLT PASTOR

4-6-93

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

(official designation)

Clerk Circuit Court

(date)

120 HENDRICKS County 3-31-93 Yes 3-15-93 Female Applicant 50 No X IC 31-7-9-1. Furnishing false information upon applying for license. If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Harsha circuit court when the person applies for a marriage license under Name of Physician IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Death 🔲 Divorce Annulment Last Marriage Ended By Death Divorce Last Marriage Ended By Birth Certificate Other (Specify) Birth Certificate Other (Specify) No d No D Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? No D No D Yes 🗌 If answer is "yes," has the adjudication been removed? Yes 🔲 If answer is "yes," has the adjudication been removed? Yes 🗌 Are you related to the male applicant closer than second cousing related to the female applicant closer than second cousin? No ☑ / Yes □ Are you now under the influence of an alcoholic beverage? ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court . I swear/affirm that the information given State of Indiana State of Indiana I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct day of Much 19 93 day of March HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary ____ HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ _County _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, _ . I further certify that the following marriage certificate was filed in my office: (name), certify that on ____MARCH_31, 1993 CYNTHIA J. SPENCE (name), certify that on ____ (date), at ____DANVILLE County, Indiana,_ HENDRICKS RONALD LEE CLINE IN _ County ___ __(state), and _ MELISSA GAYE GOFF MARION ___ (state) were married by me as authorized County, Indiana, dated 3-31-93 _ County ___ HENDRICKS under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/S/ CYNTHIA J. SPENCE

1ST DEPUTY CLERK (official designation)

auson HENDRICKS

3-31-93

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

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

(state) were married by me as authorized inty, Indiana, dated 4-10-93

Clerk Circuit Court

_County, Indiana, dated _

(official designation)

under a marriage license that was issued by the Clerk of the Circuit Court of .
Signed by: /s/ REV. GARY LAFARY

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

STATE OF INDIANA ADDITION FOR MARRIAGE LICENSE

APPLICATION FOR I	No. 121
HEND	
	= 4-1.93
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated Name of Physician Stephen Heavy
MALE APPLICANT	FEMALE APPLICANT
Name First Middle D Last	Name First . Middle Last .
Date of Birth Month Day Derry	Date of Birth Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address / Street or R.R. City County, State	Residence Address Street or R.R. City County State
5303 6. Rd 100 N Danville IN	431 Harding St. PIfd. IN
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married 19 QR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Qother (Specify) DY . Lt C	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes □
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No√ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No Yes 4. Are you now under the influence of a narcotic drug?	3. Are you now under the influence of an alcoholic beverage? No Yes ☐ 4. Are you now under the influence of a narcotic drug? No Yes ☐
5. List the full names of any dependent children. Teffery Edwird Woodard	5. List the full names of any dependent children.
8. (a) Full name of applicant's father John Henry Berry	6. (a) Full name of applicant's father Alan Wayne Dicks
(If adopted, list adoptive parents only). Residence of father (if deceased, so state).	(If adopted, list adoptive parents only) Residence of father (if deceased, so state)
Residence of father (if deceased, so state) Denville, LP	Birtholace of father (State or foreign country)
(b) Full maiden name of applicant's mother Betty Lagar	(b) Full maiden name of applicant's mother Evelyn Lana McLeon
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Dany I le. 10	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Lauton IN
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases 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 I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs. Clerk of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the HENDRICKS I swear/affirm that the information given in this application is true and correct. Aday of HENDRICKS Circuit Count	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) ss:	State of Indiana) ss:
County of HENDRICKS SS:	County of ID # ID #
Father ID # Mother ID #	Father
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cler
	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties.
I certify that there was filed in my office a marriage license issued by the Cladated 4-1-93 JENNIFER L. DICKS, authorizing the marriage of	STEVEN J. BERRY
REV. GARY LAFARY	I further certify that the following marriage certificate was filed in my office (name), certify that on APRIL 10, 1993
(date), atDANVILLE STEVEN J. BERRY of HENDRICKS	_ in HENDRICKS County, Indiana,
THANKERD I DICKE	untyIN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	to the transfer of the do difference

Signed

MINISTER

(date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

_ County

	H-1-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under 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. Campbell
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Last	Name Firet Middle Last
Joseph Thickel Farmer	Date of Birth Month Day Year
Date of Birth Day Year 3 26 75	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or loreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
3397 Where Co. Scapes, Americans, or.	- Jame
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married M OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (If deceased, so state) Birthplace of mother (If deceased, so state)	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. (If adopted, list adoptive parents only) Residence of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 4-1-93	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Date Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed Signed Address New Address Subscribed and sworn to before me this Address Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Cornel Clerk of the HENDRICKS Circuit County I swear/affirm that the information giver in this application is true and correct and correct in this application is true and correct in the correct in the correct in this application is true and correct in this application is true and correct in the cor
CONSENT OF PARENTS PARENT OF CHIERDIAN	CONSCIUTOR PARENTS PARENTS OF CHARMAN
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) ss: County of
Mother ID #	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, theCourt, by written order issued
and filed in, authoriz	es and directs the issuance of a marriage license to the above named parties.
	E AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Claded 4-1-93	erk of the Circuit Court of HENDRICKS County, Indiana, JOSEPH MICHAEL FARMER
, dunorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
I, CYNTHIA J. SPENCE	
	_ inHENDRICKS County, Indiana,
MADE A MALVED	County IN (state), and
	unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by:/S/ CYNTHIA J. SPENCE	
Filed and recorded in accordance with the laws of the State of Indiana on	4-1-93 (date).

Circuit Court

STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

HEND	No. 123
	County File
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name Grigory Zane Sample II	Namo arsela Kone Kiberdsel
Date of Birth Day Year 1973 Place of Birth (State or foreign country)	Date of Birth
Alarida. Residence Address Street or R.R. City County / State	Residence Address Street or R.R. City / County State
10010 Bacara as. Indianapolis, Herdrichs In	80 M. 500 E., Darville, Hendricks, Midlana
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married A OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	CONTROL OF THE PARTY OF THE PAR
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
Spenery & Sample	6. (a) Full name of applicant's father David L. Kikendaul
6. (a) Full name of applicant's father Dregory 3. Sangle (If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country) - Midliana	Residence of father (if deceased, so state). The Birthplace of father (State or foreign country).
(b) Full maiden name of applicant's mother Marla K. Esraphonan	(b) Full maiden name of applicant's mother Petra D. Wilkewit
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Tholiana	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) The distance of mother (if deceased, so state)
Birthplace of mother (State or foreign country) Thalland	Birthplace of mother (State or foreign country).
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date 4-1-93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndroms). Signature of Applicant Augustus Policy Signature Office Policy Signature Offi
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed D Coggruy 5 All May 1 Page	State of Indiana County of HENDRICKS Signed A County of HENDRICKS Subscribed and swgrn to before me this day of Geril 19 93
Coxacl Flacuson Clerk of the HENDRICKS Circuit Court	Course Hausson Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Ss:	State of Indiana) ss: County of HENDRICKS Ss:
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above named parties, the
County	Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated $4-1-93$, authorizing the marriage of	
and ANGELA KAYE KIKENDALL REV. LEONARD MAYNARD	I further certify that the following marriage certificate was filed in my office: (name), certify that on MAY 8, 1993
(date), at BROWNSBURG	_ inHENDRICKS County, Indiana,
ANCELA KAVE KIKENDALL & HENDDICKS -	CountyIN(state), anduntyIN(state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 5-8-93
Signed by:/S/_REV. LEONARD MAYNARD Filed and recorded in accordance with the laws of the State of Indiana on	
	Signed Cornie Lawson Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS 4-2-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No B Yes If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician No. Muchel circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Divorce Annulment Death 🔲 Last Marriage Ended By ☐ Birth Certificate ☐ Other (Specify) ☐ Birth Certificate ☐ Other (Specify No D Yes 🔲 Yes 🗌 Yes 🔲 No D Yes 🗌 No 1 No D Yes 🗌 Yes 🔲 Yes 🗌 No U Yes 🔲 Are you now under the influence of an alcoholic beverage? Yes 🗌 Yes 🗌 Are you now under the influence of a narcotic drug? ACKNOWLEDGMENT **ACKNOWLEDGMENT** I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above Clerk of Court Clerk of Court HENDRICKS day of april HENDRICKS HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary Subscribed and sworn to before me this_ COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 4-2-93 authorizing the marriage of GREGORY A. LAND _, authorizing the marriage of __GREGORY A. LAND $_$. I further certify that the following marriage certificate was filed in my office: $_$ (name), certify that on $_$ 4-17-93 JOY M. HEFFERNAN in HENDRICKS — I, WM. J. BROWN PITTSBORO __ County, Indiana, (date), at _ GREGORY A. LAND HENDRICKS _(state), and _ ___ (state) were married by me as authorized ______County, Indiana, dated ______4-2-93 HENDRICKS IN JOY M. HEFFERNAN under a marriage license that was issued by the Clerk of the Circuit Court of MINISTER Signed by: /s/ WM. J. BROWN _ (official designation)

4-20-93

auson

Circuit Court

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

STATE OF INDIANA

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

(name), certify that on MAY 15, 1993 I, A. W. FARNSWORTH IV (name), certify that on HENDRICKS DANVILLE

County, Indiana,

(state), and

County, Indiana, dated ___

(official designation)

(state) were married by me as authorized

Clerk Circuit Court

IN

IN

HENDRICKS

CLERGY

(date).

County

__ County_

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

RANDEL WAYNE RUSSELL

CHRISTINE ANNE LANGE

HENDRICKS

HENDRICKS

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

HENDRICKS

County

A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	If No, Medical Examination or Report Dated 10-26-87 Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Randall	Date of Birth Date of Birth Day Place of Birth
Residence Address 13 Gandall Ed Plainfield State 13 Gandall Ed Plainfield State 13 County State 14 County State 15 County State 16 County State 17 County State 18 County	Place of Birth (State or foreign country) Residence Address 913 Kandall Col. Glacufull State 913 Kandall Col.
Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date	Previous Marital Status: Never Married OR No. of Previous Marriages Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
Drivers Leience	Arevera License
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.
(if adopted, list adoptive parents only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother (if adopted, list adoptive parents only) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state) Residence of mother (if deceased, so state)	6. (a) Full name of applicant's father Logel Allex Pelege (If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (if deceased, so state) Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
State of Indiana County of HENDRICKS Signed Rodrey Randall In this application is true and correct. New Address Subscribed and sworp to before me this 2 nd day of April 1993 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Subscribed and sworn to before me this 2 md day of HENDRICKS Subscribed and sworn to before me this 2 md day of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN No, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) County of	State of Indiana) County of HENDRICKS ss:
Mother ID # Subscribed and sworn to before me this day of, 19 Clerk	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	A marriage license having been refused to the above named parties, the
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Cledated April 2,1993, authorizing the marriage of Ind Diana L. Gandolf	erk of the Circuit Court of HENDRICKS County, Indiana, Rodney W. Randall
Ted Stephenson date), at Plainfield	I further certify that the following marriage certificate was filed in my office: (name), certify that on April 24, 1993 in Hendricks
Rodney W. Randall of Hendricks	County Indiana (state) and
Didna L. Gandolf . Hendricks -	inty Indiana (state) were married by me as authorized
	Signed Connie Lawson Clerk HENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 1 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician Ala. Lakau IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** 1968 Never Married Never Married OR No. of Previous Marriages Divorce Annulment Last Marriage Ended By Death Last Marriage Ended By Death Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify No 🗹 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No 19 Yes 🗌 No 🗸 Yes 🗌 No Q Yes 🔲 er is "yes," has the adjudication been removed? No D Are you related to the female applicant closer than second co Yes 🗌 No 🔃 Yes 🗌 / Yes 🗆 No 🗹 No U Yes 🗌 No 🖸 Yes 🔲 Are you now under the influence of a narcotic drug? No 1 Yes 🗌 **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the abov acknowledgment because of religious beliefs acknowledgment because of religious beliefs. Clerk of Court State of Indiana I swear/affirm that the information given New Address HENDRICKS Conne Jawan HENDRICKS Corne Jawson Clerk of the _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _County _ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE _ County, Indiana, . I further certify that the following marriage certificate was filed in my office:

____ (name), certify that on _APRIL 3, 1993
_in ___ MARION ___ County, Indiana. I, ORVAL V. SUTTON (date), at ___INDIANAPOLIS County, Indiana,

BRET DOUGLAS HEEREMA

REBECCA S. BURKHOLDER of_

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

HENDRICKS

BREVARD

IN

FL

MINISTER

4-6-93

HENDRICKS

(date).

(state), and _

(official designation)

___ (state) were married by me as authorized .County, Indiana, dated ___4-3-93

Clerk

Circuit Court

County .

County_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEN	DRICKS County File
HEN	County File
	Date of Application
31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No ☑ Yes □
person who knowingly furnishes false information to a clerk of the	If No, Medical Examination or Report Dated
cuit court when the person applies for a marriage license under 31-7-3 commits a Class D felony.	Name of Physician No. Charles Kelley
31-7-3 commits a class b felony.	
MALE APPLICANT Middle Last	FEMALE APPLICANT Name First Middle Last
Kandall Farrest Condon	Date of Birth Day Year
of Birth Month Day 9 Year 1956	9 13. 1965
of Birth (State or foreign country)	Place of Birth (State or foreign country) Andland
ence Address, 10th Street or R.R. Street Got 14 Indpls State.	Residence Address Street or R.R. Stry County State 1. 18 E. Telden Ale, Brownslung S.
ous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married GOR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by:	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	1. Are you now or have you ever been adjudged to be of unsound mind? 1. No Yes Ye
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? Are you now under the influence of a narcotic drug? No Yes	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? Yes Yes
List the full names of any dependent children.	List the full names of any dependent children.
00000	100000000000000000000000000000000000000
(a) Full name of applicant's father Calph Chester Condon	6. (a) Full name of applicant's father Believe Earl Jacker
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Residence of father (if deceased, so state)	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) And La Ra
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother CHARLES (BLACKE) TO TO TO THE CONTROL OF T	(b) Full maiden name of applicant's mother well-for full full for the full full full for the full full for the full full full full full for the full full full full full full full ful
Residence of mother (if deceased, so state) Sudpls, Sm.	Residence of mother (if deceased, so state) Businessimilarity, In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country) Jennesdee
ACKNOWLEDGMENT	ACKNOWLEDGMENT
cknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired une deficiency syndrome).	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
ature of Applicant Rundall F. Condon Date	& Signature of Applicant flatelle from Calkele Date
above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
lowledgment because of religious beliefs. k of Court Date	acknowledgment because of religious beliefs. Clerk of Court Date
e of Indiana) I swear/affirm that the information given ss: in this application is true and correct.	State of Indiana) I swear/affirm that the information given County of HENDRICKS in this application is true and correct.
4 Signed Raseball 7 Conclin	X signed flateful der (Hacker.
New Address scribed and sworn to/gefore me this 2 address day of april 1993	New Address Subscribed and sworn to before me this 2 and day of april 1993
Clerk of the HENDRICKS Circuit Court	Connie Lewson Clerk of the HENDRICKS Circuit Court
ISEN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
the Ilease de only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
	state facts which make the consent of the other parent unnecessary
of 1 Mat Publish	State of Indiana) County of HENDRICKS SS:
or_	County of
er	Mother ID #
	Subscribed and sworn to before me this
MP OF COURT.	A marriage license having been refused to the above sound parties the
County	A marriage license having been refused to the above named parties, the Court, by written order issued
d filed in, author	izes and directs the issuance of a marriage license to the above named parties.
	ISE AND MARRIAGE CERTIFICATE
ertify that there was filed in my office a marriage license issued by the C ed 4-2-93 authorizing the marriage of	Clerk of the Circuit Court of HENDRICKS County, Indiana, RANDALL FORREST CONDON
JENNIFER LEE TACKER, duinorizing the marriage of	I further certify that the following marriage certificate was filed in my office:
ANDALL FORREST CONDON of HENDRICKS	in HENDRICKS County, Indiana, County IN (state), and
	County IN (state) were married by me as authorized
ler a marriage license that was issued by the Clerk of the Circuit Court	1ST DEPUTY CLERK (official designation)
ed and recorded in accordance with the laws of the State of Indiana on_	4-2-93 (date).
	a Comming
	Signed Clerk HENDRICKS Circuit Court
E EDDMS - SYSTEMS 1-800-382-8702 1477	Circuit Court

____ Clerk _Circuit Court

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

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HFNI	DRICKS County File
HENE	County File 4-3-93 Date of Application
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No D Yes D If No, Medical Examination or Report Dated 3-30-93 Name of Physician Service of Showing M. A.
MALE APPLICANT	FEMALE APPLICANT
Name Alarid Middle Brigant	Name Nigota Middle Spink
Date of Birth Month Day Year 969	Date of Birth Month Day Year 1969
Place of Birth (State or foreign country) Qualitatia	Place of Birth (State or foreign country)
Residence Address Street or A.R. Street or A.R. Street of A.R. State (2011)	Residence Address Street or R.R. Plainfield State
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Madriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Sirth Certificate Other (Specify)
Mrivers Frencey	Mrevers Lecense,
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🔯 Yes
4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.	Are you now under the influence of a narcotic drug? No Yes List the full names of any dependent children.
	6. Est the for manes of any dependent criminals.
Stel all transfer the	Though Draul Speak
6. (a) Full name of applicant's father Hayold Maifne Krigast (If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Thurston Alexand Lipscherk (If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Thur Africany In	Residence of father (if deceased, so state) Plainfield, In
Birthplace of father (State or foreign country) Reptidely	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Attract (IRN Heightson) (If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother full (b) (lf adopted, list adoptive parents only)
Residence of mother (if deceased, so state) The allegant In	Residence of mother (if deceased, so state) Thurfulk, In
Birthplace of mother (State or foreign country) Mechegen	Birthplace of mother (State or foreign country) Bukeina)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquimmune deficiency syndrome) Signature of Applicant Date 4-2-9
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the ab
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
	Oldrik Di Court
State of Indiana) I swear/affirm that the information given County of HENDRICKS) in this application is true and correct.	State of Indiana) I swear/affirm that the information g
Signed Will B in this application is true and correct.	County of RENDINGS in this application is true and core
New Address 9 nd 0 na 0 na	New Address 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Sybscribed and sworn to before me this 2 day of april , 19 23 Connect account Clerk of the HENDRICKS Circuit Court	Subscribed and sworn to before me this day of 19 93 19 93
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent significant is the parent significant is the parent significant in the parent significant is the parent significant significant is the parent significant signif
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) County of HENDRICKS) ss:
Father	Father
Mother ID #	MotherID #
Subscribed and sworn to before me this	Subscribed and sworn to before me this day of, 19
COUNTY IS MADDIAGE MADINE CONTRACTOR OF THE CONT	
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, t Court, by written order issued
	tes and directs the issuance of a marriage license to the above named partie
The state of the s	
I certify that there was filed in my office a marriage license issued by the Cl	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana
dated 4-2-93, authorizing the marriage of	DAVID JON BRYANT
andDEANA JO SPINK	I further certify that the following marriage certificate was filed in my offic
I,JACQUELINE MEANS (date), atPLAINFIELD	in HENDRICKS County, Indiana,
DAVID JON BRYANT of MARION	County IN (state), and
DEANA JO SPINK of HENDRICKS Co under a marriage license that was issued by the Clerk of the Circuit Court of	ounty IN (state) were married by me as authorize HENDRICKS County, Indiana, dated 4-24-93
Signed by: /c/ JACQUELINE A. MEANS	PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-27-93 (date).

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County No 12 Yes IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 If No, Medical Examination or Report Dated A person who knowingly furnishes false information to a clerk of the Name of Physician Andle Fare circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Never Married Last Marriage Ended By: Death Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) No D Yes 🗌 No [Yes 🔲 No 🗹 Yes 🗌 No 🗂 Yes 🔲 Yes 🔲 No 19 No D Yes 🗌 related to the male applicant closer than second cousin? Are you related to the female applicant closer than second cour Are you now under the influence of an alcoholic beverage? Yes 🗌 No 🛛 / Yes 🔲 Yes 🗌 Are you now under the influence of a narcotic drug? Are you now under the influence of a narcotic drug? List the full names of any dependent children ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court _ Clerk of Court I swear/affirm that the information given I swear/affirm that the information given HENDRICKS HENDRICKS in this application is true and correct in this application is true and correct. & Signed Miney & * Signed Thoms &o Smuth HENDRICKS HENDRICKS Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary ____ state facts which make the consent of the other parent unnecessary _ HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of HENDRICKS _ County, Indiana, , authorizing the marriage of ____THOMAS EARL ARCHER dated 4-7-93 _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on __APRIL 9, 1993 NANCY ELIZABETH SMITH (name), certify that on _ MARION MYRON BARNARD INDIANAPOLIS County, Indiana, MARION IN THOMAS EARL ARCHER _ County ___ _(state), and _ NANCY ELIZABETH SMITH of HENDRICKS (state) were married by me as authorized unty. Indiana, dated 4-7-93 under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: ____/s/ MYRON BARNARD HENDRICKS County, Indiana, dated _ JUDGE (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ Clerk

HEND	PRICKS County File
	County File
	Date of Approach
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes III No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
Name William Charles Ingram	Name Potter Joan Dodd
Date of Birth Month Day Year 2	Date of Birth Morth Oay Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	Residence Address Street or R.P. City Dr. County State 4373 Silver Springs Dr. Breen wood
	Previous Marital Status: Never Married OR No. of Previous Marriages
Lest Marriage Ended By: Death Divorce Annulment Date 90'	Last Marriage Ended By: Death S
Date of birth verified by: Birth Certificate Souther (Specify) Dr. Lic	Date of birth verified by: Birth Certificate Souther (Specify)
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No Yes Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? No Yes Yes Yes Yes Yes Yes The you now under the influence of an alcoholic beverage? No Yes es	2. Are you related to the male applicant closer than second cousin? No X Yes 3. Are you now under the influence of an alcoholic beverage? No X Yes Yes Yes
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? No Ves
List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father William Graham Ingram	6. (a) Full name of applicant's father Glen Earnest Howl
(If adopted, list adoptive parents only). Residence of father (if deceased, so state) The consequence of father (if deceased, so state) The conse	(If adopted, list adoptive parents only)
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country) 10
(b) Full maiden name of applicant's mother brace 15the Love	(b) Full maiden name of applicant's mother modeline Mory Hendricks
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state)	(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Deceased
Birthplace of mother (State or foreign country) TD	Birthplace of mother (State or foreign country) TO
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).	ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deliciency syndrome).
Signature of Applicant Millian Physica System Date 5. 93	Signature of Applicant & Betty Joan Dodoote 5/7/93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS Ss: in this application is true and correct.	County of HENDRICKS ss: n this application is true and correct.
New Address 625 SJESTERS Blowns	Signed To The form wood
Subscribed and sworn to before me this day of 19 93	Subscribed and sworn to before me this day of Described . 19 93
Clerk of the HENDRICKS Circuit Court	Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS ss:
Father ID # Mother ID #	FatherID #
Subscribed and sworn to before me thisday of, 19Clerk	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	marriage license having been refused to the above gamed parties the
County	Court, by written order issued
and filed in, authorize	es and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	
I certify that there was filed in my office a marriage license issued by the Cle $4-7-93$	erk of the Circuit Court of HENDRICKS County, Indiana,
, authorizing the marriage of	WILLIAM CHARLES INGRAM I further certify that the following marriage certificate was filed in my office:
I, DANIEL DODD	
(date), atGREENWOODWILLIAM CHARLES INGRAMofHENDRICKS	in JOHNSON County, Indiana,
DEMMU TOTAL DODD	County IN (state), and unty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-7-93
Signed by: /s/ DANIEL D. DODD	

5-4-93

Signed .

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

(official designation)

Clerk

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

132

HEND.	DRICKS County File
	4-7-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No 2 Yes 1 If No, Medical Examination or Report Dated 4-5-9.3 Name of Physician Atlantance
MALE APPLICANT	FEMALE APPLICANT .
Name Alleref Middle Resturence Date of Birth Day Nagr	Name Post Middle List Hurne Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R. City Géunty Stafe
6 105 E. 900 M. Drownshirey In	6705 E. 900 M. Brownsturg In
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate . Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
- Arivers Juense	- Alrever Ticensel
1. Are you now or have you ever been adjudged to be of unsound mind? Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "ives" has the adjudged to be or expended.
2. Are you related to the female applicant closer than second cousin?	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☑ Yes ☐ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? No Yes 5. List the full names of any dependent children.
	5. List the full harnes of any dependent children.
6. (a) Full name of applicant's father Lobert Reslie Richwine	6 10 Edward Dounis Los Labores
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father (MACS) (b) BARAGET (If adopted, list adoptive parents only)
Residence of father (State or foreign country)	Residence of father (if deceased, so state) Distribution of Deceased, so state)
Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother and the state of	Birthplace of father (State or foreign country)
(If adopted, list adoptive parents only)	(b) Full maiden name of applicant's mother Thankful than Typical (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Kokolu Its Weiter Jin	Residence of mother (if deceased, so state) Linguisty
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applican Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Date
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address New Address Subscribed and sworn to before me this Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed HENDRICKS New Address 6705 & 900 M. Brown Live and correct. Subscribed and sworn to before me this 7 th day of Affile., 19 9 30 Consult of August Cherk of the HENDRICKS Circuit Count
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS ss:	State of Indiana) ss:
Father ID #	Father ID #
Mother	MotherID #
Clerk	Subscribed and sworn to before me thisday of, 19Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A	
County	Court, by written order issuedes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENSE	t tit con to contain the contains
determined there was filed in my office a marriage license issued by the Clean determined $\frac{4-7-93}{}$, authorizing the marriage of	rk of the Circuit Court of HENDRICKS County, Indiana, LARRY L. RICHWINE
CYNTHIA J. SPENCE	. I further certify that the following marriage certificate was filed in my office:
(date), atDANVILLE	(name), certify that on APRIL /, 1993
LARRY L. RICHWINE of HENDRICKS	County IN (state) and
LINDA A. RICHWINE of HENDRICKS Cou	inty (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of Signed by: /s/ CYNTHIA J. SPENCE	1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	4-7-93 (date).

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

	No
HEND	RICKS County File
	4-8-93
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license.	Female Applicant 50 No Yes □
A person who knowingly furnishes false information to a clerk of the	If No, Medical Examination of Report Dated 4-6-93
circuit court when the person applies for a marriage license under	Name of Physician Frieds Thompson, M.P.
IC 31-7-3 commits a Class D felony.	
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Jan	Name First Middle, Mast
Date of Birth Month Day Year	Date of Birth Month Day Year
2 20 51	9 26 53
Place of Birth (State or foreign country) Municipalis In	Place of Birth (State or foreign country) Indunagalis In.
Residence Address Street or RA City Dl County In 16180	Residence Address Street or R.R. Liles are the County In 46180
pars Mulsaille, Sontelle	
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date / 985	Last Marriage Ended By: Death Divorce Annulment Date 1986
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Aother (Specify)
Date of Dilli Admind of.	A. M. Nac.
The state of the s	
1. Are you now or have you ever been adjudged to be of unsound mind?	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed?	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐	4. Are you now under the influence of a narcotic drug? NoV Yes List the full names of any dependent children.
5. List the full names of any dependent children.	5. List the full flames of any dependent children.
6. (a) Full name of applicant's father Duy Dydney Hard	6. (a) Full name of applicant's father Bennett White Jr.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) Mefflen, In.	Residence of father (if deceased, so state) Sugple, Un.
(b) Full maiden name of applicant's mother Lorenze Williams	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother April 10 Million 10 Mil	(b) Full maiden name of applicant's mother Shella Unit mells (If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Mefflen In.	Residence of mother (if deceased, so state) Brownshing In.
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome) Signature of Applicant Date Date	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Signature of Applicant Date 4-8-9
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
County of HENDRICKS in this application is true and correct.	County of HENDRICKS in this application is true and correct
Signed Court	Signed Davie m. Thomas
New Address Subscribed and sworn to before me this day of april, 19 93	New Address Subscribed and sworn to before me this 8th day of Opril 1993
Connie James Clerk of the HENDRICKS Circuit Court	Connectawan Clerk of the HENDRICKS Circuit Cour
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs
state facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS SS:	County of HENDRICKS SS:
Father ID #	FatherID #
Mother ID #	Mother ID #
Subscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Cleri
COMPLETE IF MARRIAGE LICENSE ISSUED BY OPDER OF COURT	A marriage license having been refused to the above named parties, the
	Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
The second secon	
	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl	
dated4-8-93 , authorizing the marriage of	
I, CYNTHIA J. SPENCE	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 8, 1993
(date), at DANVILLE	inHENDRICKSCounty, Indiana,
JOEL SYDNEY WARD of HENDRICKS	County IN (state), and
DIANNE MARIE MONDAY of HENDRICKS Co	ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	F County, Indiana, dated 4-8-93
Signed by: /s/ CYNTHIA J. SPENCE	, 1ST DEPUTY CLERK (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-8-93 (date).

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDI	RICKS County File
	4-8-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes Ves If No, Medical Examination or Report Dated 4-7-93 Name of Physician Yerry Townell, D.O.
MALE APPLICANT	FEMALE APPLICANT
Name Place of Birth Date of Birth (State or foreign country) Place of Birth (State or foreign country) Place of Birth (State or foreign country) Above Park, Office Country City Country State 224 Corrottoman Ct., Indunopalis,	Place of Birth (State or foreign country) Harrishurg Farming State Residence Address Street or R.R. City Country Marrish Marr
Previous Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date 9 9 1 Date of birth verified by: Birth Certificate Other (Specify) Dr. Lic.	Last Marriage Ended By: Death Divorce Annulment Date 1988 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? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children.	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father
(If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Indunpality Birthplace of mother (State or foreign country) Illinais	(If adopted, list adoptive parents only) Residence of mother (If deceased, so state) Birthplace of mother (State or foreign country) Street
ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this Clerk of the Clerk of the I swear/affirm that the information given in this application is true and correct. Aday of Capril, 19 93 HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Constance J. Bushell In this application is true and correct. New Address 224 Constance J. Dupols, J. Subscribed and sworn to before me this 8th day of April 1973 Orme Lawren Clerk of the HENDRICKS Circuit County.
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of HENDRICKS) Ss:	State of Indiana)
Mother ID # Subscribed and sworn to before me this day of, 19	Mother ID #
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issuedzes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS I certify that there was filed in my office a marriage license issued by the Conducted 4-8-93 authorizing the marriage of	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana,
and CONSTANCE JAMIE BARNETT	I further certify that the following marriage certificate was filed in my office:
I, DANNY VAUGHN (date), at INDIANAPOLIS	in MARION County, Indiana,
JOHN MARTIN PATTYN of HENDRICKS	County IN (state), and
under a marriage license that was issued by the Clerk of the Circuit Court of	f HENDRICKS County, Indiana, dated 4-10-93
Signed by:/S/ DANNY VAUGHN Filed and recorded in accordance with the laws of the State of Indiana on	,
	Signed Cornie Lawson Clerk MENDRICKS Circuit Court

HENDRICKS County Date of Applicati Yes Female Applicant 50 IC 31-7-9-1. Furnishing false information upon applying for license. No A If No, Medical Examination or Report Dated Name of Physician (Drewooths) A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Almond 15 1 ex rare Never Married OR No. of Previous Marriages Annulment Last Marriage Ended By: Death Death Divorce Divorce Annulment Last Marriage Ended By: Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) No Yes No 🔯 Yes 🔲 Are you now or have you ever been adjudged to be of unsound mind? No Yes No 🗌 Yes 🗌 No Yes No X Yes 🗌 No Yes No D Yes 🔲 Are you now under the influence of an alcoholic beverage? No Yes Yes 🔲 Are you now under the influence of a narcotic drug? (a) Full name of applicant's father Stanley & Bungarner Danville IN Fischers In N. Carolina en name of applicant's mother Margarett. (b) Full maiden name of applicant's mother Hanie Sue e of mother (if deceased, so state) Deceased Banville In Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases X Kara Lynn Mmond The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana State of Indiana I swear/affirm that the information given signed X Kara, Lynn Almond New Address 14 Toda Perrace Danville, IN 46122 DANVILLE, IN46122 CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County _ Court, by written order issued _

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

County ____

5-24-93

County ___

, authorizing the marriage of __

BUTLER

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

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

HENDRICKS

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

PA

IN

HENDRICKS

, EPISCOPAL PRIEST (official designation)

(date).

___. I further certify that the following marriage certificate was filed in my office:
_____ (name), certify that on ____MAY 22, 1993
in ____MARION ____County, Indiana, _____

_ County, Indiana,_

_(state), and _

HENDRICKS County, Indiana,

Clerk Circuit Court

(state) were married by me as authorized

County, Indiana, dated 4-8-93

dated 4-0-95

KARA LYNN ALMOND

(date), at INDIANAPOLIS
DAVID EUGENE BUMGARNER

Signed by: /s/ JOHN P. ROOF

I, _ JOHN P. ROOF

KARA LYNN ALMOND

and filed in_

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

No. |36

File | 4-8-93

Date of Application

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

Female Applicant 50 No Yes 4-7-93	
Name of Physician AR Harris MD	
FEMALE APPLICANT	

MALE APPLICANT	FEMALE APPLICANT
Name / First Middle / Last -	Name / First / Middle / Last
Date of Birth Month Day Year	Date of Birth Detty Joan Vear
	27 68
Place of Birth (State or foreign country) Indianapalis In.	Place of Birth (State or foreign country) Indianalis In
Residence Address Street or R.R. City County County State	Residence Address, Street or R.R. City County State
Previous Marital Status: Never Married OR No. of Previous Marriages	South the second of the second
	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify) D. Tic.	Date of birth verified by: Birth Certificate Other (Specify) In. Lic
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind?
If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the female applicant closer than second cousin? No Yes	If answer is "yes," has the adjudication been removed? No Yes 2. Are you related to the male applicant closer than second cousin? No Yes Yes
3. Are you now under the influence of an alcoholic beverage? No ☑ / Yes ☐	3. Are you now under the influence of an alcoholic beverage?
4. Are you now under the influence of a narcotic drug? No Yes	4. Are you now under the influence of a narcotic drug?
5. List the full names of any dependent children.	5. List the full names of any dependent children.
6. (a) Full name of applicant's father Conley Stephen Darris	La Kanaeth ne
(If adopted, list adoptive parents only)	6. (a) Full name of applicant's father Alph Newschill States of the stat
Residence of father (if deceased, so state) Cambuy, In-	(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Pluesfulld in
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother Bobbie Caral Crow	(b) Full maiden name of applicant's mother Firlh Karlene Haw.
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state)	Residence of mother (if deceased, so state) The field In
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ACKNOWLEDGMENT	ACKNOWLEDGMENT
I acknowledge that I have received information regarding dangerous communicable diseases	I acknowledge that I have received information regarding dangerous communicable diseases
that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired	that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired
immune deficiency syndromal 4-8-93	immune deficiency syndrome).
Signature of Applicant Date 7 19	Signature of Applicant Delay of November Date 1-8:73
The above applicant has objected to verifying by oath or affirmation or signature to the above	The above applicant has objected to verifying by oath or affirmation or signature to the above
acknowledgment because of religious beliefs.	acknowledgment because of religious beliefs.
Clerk of Court Date	Clerk of Court Date
State of Indiana) I swear/affirm that the information given County of HENDRICKS ss: in this application is true and correct	State of Indiana) I swear/affirm that the information given ss:
Signed Stahry A. Hours	County of HENDRICKS in this application is true and correct.
New Address 2607 C. 13TH ST	New Address 2607 E 13th St Endols IN
Subscribed and sworn to before me this 8th day of Opril, 19 93	Subscribed and sworm to before me this 8th day of april , 1993
Connect Town Clerk of the HENDRICKS Circuit Court	Canale Tawan Clerk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	CONSENT OF PARENTS, PARENT, OR GUARDIAN
state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of
father ID #	Father ID #
Nother	Mother ID #
ubscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me thisday of, 19
	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Clated, authorizing the marriage of	STEPHEN AINSLEE HARRIS
and BETTY JO NEVINS	I further certify that the following marriage certificate was filed in my office: (name), certify that on APRIL 17, 1993
KEITH GALLOWAY	
date), atDANVILLE	inHENDRICKS County, Indiana,
STEPHEN AINSLEE HARRIS of HENDRICKS BETTY JO NEVINS of HENDRICKS Co	County IN (state), and IN (state) were married by me as authorized
inder a marriage license that was issued by the Clerk of the Circuit Court of	
Signed by:/S/ KEITH GALLOWAY	f
Filed and recorded in accordance with the laws of the State of Indiana on_	
	1 . 0
	Signed Cornie Lawson Clerk
SOYCE FORMS + SYSTEMS 1-800-382-8702 1477	HENDRICKS Circuit Court
	- Circuit Court

No. ____137

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HEND	DRICKS County File
	4-13-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the	Female Applicant 50 No ☐ Yes ☐ If No, Medical Examination or Report Dated
circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Name of Physician Alv. Charles Kellef
Name D First Middle / Last	FEMALE APPLICANT Name First Middle Last
Shawn Ir. Janus	melissa a. afringa
Date of Birth Month Day Year 1968	Date of Birth Month Day 1940
Place of Birth (State or foreign country)	Place of Birth (State or foreign country) Andrina
Residence Address Street of R.R. Cartersburge State	Residence Address Street or R.R. City County State L. County State L. County
Previous Marital Status: Never Married CR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
drivers Lieusel	Drivers Licensel
1. Are you now or have you ever been adjudged to be of unsound mind? No Yes	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes
If answer is "yes," has the adjudication been removed? No ☑ / Yes □	If answer is "yes," has the adjudication been removed?
2. Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No Yes No Yes No Yes No Yes No Yes No Yes No Yes No Yes No No Yes No No Yes No No No No No No No No No No No No No No	3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? No P Yes P
5. List the full names of any dependent children.	List the full names of any dependent children.
6. (a) Full name of applicant's father LinvEdurard Jansey	6. (a) Full name of applicant's father Daniel Les Harrington
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (If deceased, so state) Attitude of the State of Cather Otto or Series souther	Residence of father (if deceased, so state) Helifitian, Florida
(b) Full maiden name of applicant's mother selected Calvin allohe	Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only Bunda Jayre Suwe
Birthplace of mother (State or foreign country)	Residence of mother (if deceased, so state)
Birthpace of mother (state or loreign country)	Birthplace of mother (State or foreign country)
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant $4-12-93$. The above applicant has objected to verifying by eath or affirmation or signature to the above acknowledgment because of religious holiefs.	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). (Signature of Applicant Supplicant Applicant Supplicant Supplication Supplicant Supplication Supplicat
acknowledgment because of religious beliefs. Clerk of Court	acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS, in this application is true and correct. Signed New Address 277 Carry day of HENDRICKS Subscribed and sworn to before me this day of HENDRICKS Clerk of the HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed HELLANA A Conference in this application is true and correct. Signed HENDRICKS New Address Subscribed and sworn to before me this Aday of HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana)	State of Indiana)
County of HENDRICKS ss:	County of HENDRICKS ss:
Father ID #	FatherID #
MotherID #	Mother ID # Subscribed and sworn to before me this day of , 19
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
and filed in, authoriz	tes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS	SE AND MARRIAGE CERTIFICATE
I certify that there was filed in my office a marriage license issued by the Cl dated $4-12-93$ authorizing the marriage of	lerk of the Circuit Court of HENDRICKS County, Indiana,
MILLIAGO A CHERTING , dumorizing the marriage of _	. I further certify that the following marriage certificate was filed in my office:
I, REV. CARL D. CLOETER	(name), certify that on APRIL 24, 1993
(date), at INDIANAPOLIS	in MARION County, Indiana,
MELITICA A OFFITNICA MARTON	County IN (state), and ounty IN (state) were married by me as authorized
under a marriage license that was issued by the Clerk of the Circuit Court of	HENDRICKS County, Indiana, dated 4-24-93
Signed by: /s/ REV. CARL D. CLOETER	MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on_	4-28-93 (date).
	Signed Cornie Jawson Clerk
BOWN ENGLIS - SYSTEMS - SY	MENDRICKS Circuit Court

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

138

HENDRICKS County File 4-1293	
	Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under C 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated. Name of Physician Housell, Pechanol
MALE APPLICANT	FEMALE APPLICANT
me First Middle Vitteton	Name First Middle Hattacland
ate of Birth Month Day Year	Date of Birth Month Day Year
ce of Birth (State or foreign country)	Place of Birth (State or foreign country)
maps me	Residence Address Street or R.R. City County, Staje
dence Address Street or R.R. City County State 3 6 5 5 W 11 the St Indeed Marien In	853 marin st danule gendreds on
ious Marital Status: Never Married 🗗 OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
of birth verified by: Birth Certificate Gother (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
In it	an me
Are you now or have you ever been adjudged to be of unsound mind? No Yes	Are you now or have you ever been adjudged to be of unsound mind? No Yes
Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin?
Are you now under the influence of an alcoholic beverage? No ☑ Yes ☐	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug?	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	List the full names of any dependent children.
(a) Full name of applicant's father John Clarede Villeton	6. (a) Full name of applicant's father alouned Charles Hollso
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state)	nesidence of lattier (ii deceased, so state)
Birthplace of father (State or foreign country) 2008.	Birthplace of father (State or foreign country) That (b) Full maiden name of applicant's mother Wanton Augusta Augusta
(b) Fall Malour Falls of application	(b) Full maiden name of applicant's mother Wandard (lf adopted, list adoptive parents only)
(If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Produ	Residence of mother (if deceased, so state)
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
the above applicant has objected to verifying by oath or affirmation or signature to the above knowledgment because of religious beliefs. Bate	Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date Date
ate of Indiana) I swear/affirm that the information given	State of Indiana) I swear/affirm that the information given
unty of HENDRICKS Is swear/affirm that the information given in this application is true and correct.	County of HENDRICKS ss: / in this application is true and correct.
Signed Make a Celtleto	Signed Mara K. Wetisclan
New Address 36 CYN DR MOORESVILLE, IN 96158	New Address 36 LYN DR MOORESPILLE, IN 46158
pscribed and sworn to before me this day of HENDRICKS Circuit Court	Subscribed and sworn to before me this day of HENDRICKS Gircuit Court
Circuit Court	Clerk of the Control
INSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,
e facts which make the consent of the other parent unnecessary	state facts which make the consent of the other parent unnecessary
te of Indiana)	State of Indiana)
unty ofHENDRICKS	County of HENDRICKS ss:
her ID #	Father ID #
ther ID #	Mother ID #
oscribed and sworn to before me thisday of, 19Clerk	Subscribed and sworn to before me this day of, 19Clerk
	A marriage license having been refused to the above named parties, the Court, by written order issued
	zes and directs the issuance of a marriage license to the above named parties.
	SE AND MARRIAGE CERTIFICATE
certify that there was filed in my office a marriage license issued by the Cated $\frac{4-12-93}{}$, authorizing the marriage of $$	Tlerk of the Circuit Court of HENDRICKS County, Indiana, MARK ANDREW VITTETOW
mated, authorizing the marriage of andMARA KAY HOLTSCLAW	
E. PAUL ALBRECHT	I further certify that the following marriage certificate was filed in my office: (name), certify that on APRIL 24, 1993
ate), atINDIANAPOLIS	inMARION County, Indiana,
MARK ANDREW VITTETOW of MARION MARA KAY HOLTSCLAW HENDRICKS C	_ CountyIN(state), and
9	(state) were married by me as authorized
nder a marriage license that was issued by the Clerk of the Circuit Court of greed by: _/S/ E. PAUL ALBRECHT	PASTOR (official designation)
iled and recorded in accordance with the laws of the State of Indiana on_	4-27-93 (date).
	ρ . ρ
	Signed Onne Jawson Clerk

_Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County 4-12-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician F. Teter, M.D. IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** Last Marriage Ended By: Death Divorce Last Marriage Ended By Date 1990 Date of birth verified by: Birth Certificate Other (Specify) Date of birth verified by: Birth Certificate Other (Specify) Are you now or have you ever been adjudged to be of unsound mind? No Yes 🗌 Are you now or have you ever been adjudged to be of unsound mind? Yes 🗌 If answer is "yes," has the adjudication been removed? No 🗌 Yes 🗌 No 🗆 Yes 🗌 NAVO Yes 🗌 NOD Yes 🗌 Yes 🗌 NO Yes 🔲 Are you now under the influence of a narcotic drug? List the full names of any dependent children. Konaed E. Matthews Birthplace of mother (State or foreign country) Changes ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired Brent a Zimmerman The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Clerk of Court I swear/affirm that the information given HENDRICKS signed herrata Matthew _ day of april Cornie Jawson Connectawism Clerk of the HENDRICKS CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ___ Court, by written order issued _ and filed in_ _, authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of dated 4-12-93

BENATIA I MARITHEME , authorizing the marriage of BRENT A. ZIMMERMAN HENDRICKS County, Indiana, and RENATA L. MATTHEWS and RENATA L.

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

(name), certify that on ____APRIL 17, 1993 in ____ (name), certify that on ___ INDIANAPOLIS (date), at INDIANAPO BRENT A. ZIMMERMAN _ in ____ _ County, Indiana,_ _ County ___ IN HENDRICKS _(state), and _ RENATA L. MATTHEWS HENDRICKS _ of___ ___ County ___ ___ (state) were married by me as authorized _______County, Indiana, dated _______4-17-93 under a marriage license that was issued by the Clerk of the Circuit Court of

Signed by: ____/S/ DANNY VAUGHN HENDRICKS JUDGE PT _ (official designation) Filed and recorded in accordance with the laws of the State of Indiana on_ 4-26-93

	No
HENI	DRICKS County File
	Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes If No, Medical Examination or Report Dated Name of Physician Alekard Hausell, M. D.
MALE APPLICANT	FEMALE APPLICANT
Name Mark Middle Rottmern	Name Religions Middle Nasi Kings
Date of Birth Month Day Year 1947 Place of Birth (State or foreign country) Residence Address Street or R.R. City County State OR No. of Previous Marriages	Previous Marital Status: Never Married TOR No. of Previous Marriages
Last Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
Date of birth verified by: Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the female applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father Pollet Pollet Rottmann (If adopted, list adoptive parents only) Residence of father (State or foreign country) (b) Full maiden name of applicant's mother Pollet Rottmann (If adopted, list adoptive parents only) Residence of mother (State or foreign country) Residence of mother (State or foreign country) ACKNOWLEDGMENT	1. Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? 2. Are you related to the male applicant closer than second cousin? 3. Are you now under the influence of an alcoholic beverage? 4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 6. (a) Full name of applicant's father
acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired minume deficiency syndrome). Signature of Applicant Date 4/14/93	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Secretal Defense. Date 4/14/93
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Superior State of Indiana Superior State of Indiana Superior State of Indiana I swear/affirm that the information given in this application is true and correct. New Address Same Subscribed and sworn to before me this HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed Keblega A Nikers New Address 8250 Journship Jone Apt a Ordols. On Subscribed and sworn to before me this 14th day of Liptil, 19 93 Lennu Kausenterk of the HENDRICKS Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana) ss: County of	State of Indiana) ss: County of HENDRICKS) ss: Father ID #
	A marriage license having been refused to the above named parties, the
and filed in, authoriz	Court, by written order issued zes and directs the issuance of a marriage license to the above named parties.
RETURN OF MARRIAGE LICENS certify that there was filed in my office a marriage license issued by the Cl lated, authorizing the marriage of und REBECCA S. DYKINS	SE AND MARRIAGE CERTIFICATE lerk of the Circuit Court of HENDRICKS County, Indiana, MARK R. ROTTMANN — I further certify that the following marriage certificate was filed in my office:
I, WILLIAM R. CLAYTON (date), at PLAINFIELD	(name), certify that onAPRIL 24, 1993inHENDRICKS County, Indiana,
MARK R. ROTTMANN of MARION	County IN (state), and
Filed and recorded in accordance with the laws of the State of Indiana on_	,

_ Clerk Circuit Court

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County File	
TANK CHA	4-13-93 Date of Application
IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No Yes I If No, Medical Examination or Report Dated 4-8-93 Name of Physician Ambuly J. Leutyman
MALE APPLICANT	FEMALE APPLICANT
Name First Middle Day Cutters Pear Pea	Name Piace of Birth State or foreign country Divorce Annulment Date
(If adopted, list adoptive parents only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list adoptive parents only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired)	(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 and a list of the test sites for the virus that causes AIDS (acquired that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired to state)
Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date	immune deficiency syndrome). Signature of Applicant The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court Date
State of Indiana County of HENDRICKS Signed New Address Subscribed and sworn to before me this HENDRICKS Subscribed and sworn to before me this HENDRICKS Circuit Court	State of Indiana County of HENDRICKS Signed State of Signed State of State of Indiana New Address Subscribed and sworn to before me this 14 Th day of April 19 93 County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS Circuit County of HENDRICKS
CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary	CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary
State of Indiana) County of HENDRICKS) Father ID # Mother ID # Subscribed and sworn to before me this day of	State of Indiana) County of HENDRICKS) Father ID # Mother ID # Subscribed and sworn to before me this day of , 19 Cler
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A county, authorize	A marriage license having been refused to the above named parties, the Court, by written order issued es and directs the issuance of a marriage license to the above named parties
	erk of the Circuit Court of HENDRICKS County, Indiana, JEREMY D. OTTINGER

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS

County

Date of Application

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No The Yes In It No. Medical Examination or Report Dated Name of Physician Thomas H. Drysple
IC 31-7-3 commits a Class D felony.	WANTER ALCULA
MALE APPLICANT	FEMALE APPLICANT
Name Thomas Dean Smith	Name First Ann Demere
Date of Birth Month Day Year	Date of Birth Month Day Year
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)
Residence Address Street or R.R. City County State	Residence Address Street or R.R., City County State
Same >	3603 Clarko Cr Rd. Lots Trapt ID
revious Marital Status: Never Married OR No. of Previous Marriages	Previous Marital Status: Never Married ☐ OR No. of Previous Marriages
ast Marriage Ended By: Death Divorce Annulment Date	Last Marriage Ended By: Death Divorce Annulment Date
tate of birth verified by: 🖫 Birth Certificate Other (Specify)	Date of birth verified by: Birth Certificate Other (Specify)
	The same of the sa
Are you now or have you ever been adjudged to be of unsound mind?	Are you now or have you ever been adjudged to be of unsound mind? No Yes Yes ✓
If answer is "yes," has the adjudication been removed? No ☐ Yes ☐	If answer is "yes," has the adjudication been removed? No ☐ Yes ☐
Are you related to the female applicant closer than second cousin?	2. Are you related to the male applicant closer than second cousin? No ♥ Yes □
Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage?
Are you now under the influence of a narcotic drug? No Ves List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug?
List the full names of any dependent children.	5. List the full names of any dependent children. Sandford Longlas Neeley T Michael Paul Neeley, Ashley Kli Laboth, No. W.
	Jessing Rene Demere
(a) Full name of applicant's father Harold Dean Smith	6. (a) Full name of applicant's father Donald Lland Tutterow
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of father (if deceased, so state) taragen to	Residence of father (if deceased, so state) Wanton IN
Birthplace of father (State or foreign country)	Birthplace of father (State or foreign country)
(b) Full maiden name of applicant's mother teggy Jean Strother	(b) Full maiden name of applicant's mother Marjorie Jean Dicke
(If adopted, list adoptive parents only)	(If adopted, list adoptive parents only)
Residence of mother (if deceased, so state) Paragon In	Residence of mother (if deceased, so state) 1 10 15 11
Birthplace of mother (State or foreign country)	Birthplace of mother (State or foreign country)
ne above applicant has objected to verifying by oath or affirmation or signature to the above sknowledgment because of religious beliefs. Date	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. Clerk of Court
State of Indiana I swear/affirm that the information given ss: ounty of HENDRICKS in this application is true and correct.	State of Indiana I swear/affirm that the information given County of HENDRICKS In this application is true and correct
Signed & Homes h. mill	Signed X Noria A Norial in this application is true and correct.
New Address	New Address
subscribed and sworn to before me this day of	Subscribed and sworn to before me this
Clerk of the HENDRICKS Circuit Court	Circuit Court
ONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
e, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, the facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
	State lacts which make the consent of the other parent dimecessary
ate of Indiana)	State of Indiana)
ounty of	County of HENDRICKS ss:
ther ID #	Father ID #
ther ID #	Mother ID #
bscribed and sworn to before me thisday of, 19	Subscribed and sworn to before me this day of, 19
Clerk	Clerk
OMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the
County	Court, by written order issued
nd filed in, authoriz	zes and directs the issuance of a marriage license to the above named parties.
	AND MARRIAGE CERTIFICATE
RETURN OF MARRIAGE	lerk of the Circuit Court of HENDRICKS County, Indiana.
RETURN OF MARRIAGE L	THOMAS D SMITH
certify that there was filed in my office a marriage license issued by the Cated $\frac{4-19-93}{}$, authorizing the marriage of $$	
certify that there was filed in my office a marriage license issued by the Couted, authorizing the marriage of, authorizing the marriage of	. I further certify that the following marriage certificate was filed in my office:
certify that there was filed in my office a marriage license issued by the Conted, authorizing the marriage of, authorizing the marriage of, authorizing the marriage of, and, and	. I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 17, 1993
certify that there was filed in my office a marriage license issued by the Coated, authorizing the marriage of, authorizing the marriage of, and, and, authorizing the marriage of, and, and	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 17, 1993 in HENDRICKS County, Indiana,
certify that there was filed in my office a marriage license issued by the Conted, authorizing the marriage of, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office: (name), certify that onAPRIL 17, 1993 in HENDRICKS County, Indiana, County IN (state), and
certify that there was filed in my office a marriage license issued by the Conted	
certify that there was filed in my office a marriage license issued by the Conted, authorizing the marriage of, authorizing the marriage of	I further certify that the following marriage certificate was filed in my office:

Circuit Court

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

STATE OF INDIANA APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No 🗵 Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated Name of Physician Jem Kreist circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony. **FEMALE APPLICANT** MALE APPLICANT Previous Marital Status: Date 1987 Divorce 2 Annulment Divorce B Annulment Date / 98/ Date of birth verified by: Birth Certificate Other (Specify) Other (Specify) Birth Certificate No 🗂 No Yes Are you now or have you ever been adjudged to be of unsound mind? Are you now or have you ever been adjudged to be of unsound mind? If answer is "yes," has the adjudication been removed? No 🗆 Yes 🔲 If answer is "yes," has the adjudication been removed? No / Yes No D Yes 🔲 No Yes Are you related to the female applicant closer than second cousin? No P Yes 🗌 No 🛛 / Yes 🗆 now under the influence of an alcoholic beverage? Are you now under the influence of an alcoholic beverage? Yes 🔲 Are you now under the influence of a narcotic drug? No Yes Are you now under the influence of a narcotic drug? List the full names of any dependent children. Birthplace of mother (State or foreign country)___ **ACKNOWLEDGMENT** ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases immune deficiency syndrome). Signature of Applicant Corraine The above applicant has objected to verifying by oath or affirmation or signature to the above The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs. acknowledgment because of religious beliefs. Date _ Clerk of Court Clerk of Court I swear/affirm that the information given State of Indiana I swear/affirm that the information given HENDRICKS Signed Dorraine tay of april day of Cepril HENDRICKS HENDRICKS _ Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary state facts which make the consent of the other parent unnecessary HENDRICKS HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued _ County __ _, authorizes and directs the issuance of a marriage license to the above named parties. and filed in_ RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE HENDRICKS County, Indiana, dated 4-15-93, a
and LORRAINE MARIE BEATTY __ . I further certify that the following marriage certificate was filed in my office:

__ (name), certify that on __ APRIL 17, 1993
_ in __ CLAY __ County, Indiana, RALPH W. CHEESEMAN BOWLING GREEN of_ HENDRICKS _(state), and _ DOUGLAS ALLAN TIPTON _ County _ IN LORRAINE MARIE BEATTY of HENDRICKS _ County ___ HENDRICKS MINISTER (official designation) 6-2-93 Filed and recorded in accordance with the laws of the State of Indiana on_ _ (date).

Signed

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE **HENDRICKS** County -15-93 IC 31-7-9-1. Furnishing false information upon applying for license. Female Applicant 50 No A Yes A person who knowingly furnishes false information to a clerk of the If No, Medical Examination or Report Dated circuit court when the person applies for a marriage license under Name of Physician _ poblit aille IC 31-7-3 commits a Class D felony. MALE APPLICANT **FEMALE APPLICANT** ArrISH Place of Birth (State or foreign co Previous Marital Status: Never Married OB No. of Previous Marriages Last Marriage Ended By Death Divorce Annulment Divorce Annulment Date of birth verified by: Birth Certificate Other (Specify) Birth Certificate Other (Specify) No P Yes 🗌 No Yes 🔲 is "yes," has the adjudication been removed? No 🗆 Yes 🔲 No 🗌 Yes 🗌 ed to the female applicant closer than second cousin? No Yes No D Yes 🔲 No 🗸 Yes 🗌 No D Yes 🔲 Are you now under the influence of a narcotic drug? No V Yes 🗌 Are you now under the influence of a narcotic drug? List the full names of any dependent children. List the full names of any dependent children. Birthplace of mother (State or foreign country)_ ACKNOWLEDGMENT ACKNOWLEDGMENT I acknowledge that I have received information regarding dangerous communicable diseases I acknowledge that I have received information regarding dangerous communicable diseases The above applicant has objected to verifying by oath or affirmation or The above applicant has objected to verifying by oath or affirmation or acknowledgment because of religious beliefs. Clerk of Court Clerk of Court State of Indiana I swear/affirm that the information given HENDRICKS come pairson Circuit Court Circuit Court CONSENT OF PARENTS, PARENT, OR GUARDIAN CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs state facts which make the consent of the other parent unnecessary HENDRICKS COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _ County _ Court, by written order issued _ and filed in_ , authorizes and directs the issuance of a marriage license to the above named parties. RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE __ County, Indiana, _, authorizing the marriage of _ SARA JILL MEDCALF _ . I further certify that the following marriage certificate was filed in my office:
____ (name), certify that on ____ APRIL 18, 1993 I, _ REV. ALAN MOODY _ (name), certify that on ___ BOONE THORNTOWN (date), at_ _ County, Indiana,_ JASON JAMES PARRISH HENDRICKS IN County -_(state), and _ SARA JILL MEDCALF HENDRICKS IN (state) were married by me as authorized County_

HENDRICKS

MINISTER

4-21-93

County, Indiana, dated _

HENDRICKS

(official designation)

Clerk

Circuit Court

under a marriage license that was issued by the Clerk of the Circuit Court of _ Signed by: __/S/ REV. ALAN MOODY

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